

Name of Medical Scheme			MOMENTUM HEALTH	MEDIHELP	FEDHEALTH	DISCOVERY
Name of Option			(2022) Ingwe: State (Income R0 - R775)	(2022) MedElect (Income R0 - R800)	(2022) myFED (Income R0 - R6,251)	(2022) Keycare Plus (Income R0 - R8,550)
Description of Cover			Capitation	Comprehensive Plan	Capitation	Capitation
Description	Age	LJP	Risk	Risk	Risk	Risk
Principal Member	0		R 455	R 702	R 1 128	R 1 279
Child 1 (Student)	19		R 392	R 702	R 543	R 464
			R 847	R 1 404	R 1 671	R 1 743
Total Monthly Contribution			R 847	R 1 404	R 1 671	R 1 743
Optional Loyalty Club			MULTIPLY Premier M=R278 M+1=R352 M+2=R386	HealthPrint BASIC - Free	N/A	Vitality M R305 M+1 R370 M+2+ R430

This summary is for information purposes only and does not supersede the Rules of a Scheme. In the event of any discrepancy between the summary and the Rules of a Scheme, the Rules will prevail

Advice Provided by:
 Rockfin Wealth Management (Pty) Ltd - a licensed financial services provider | (FSP) 13370 | (Reg No.) 2016/042040/07 | (CMS No.)ORG2856
Intermediary Details:
 Name : Karla van der Lingen
 Tel: 021 741 1331
 Email: quotes@rockfin.co.za

In hospital Benefits

Name of Medical Scheme	MOMENTUM HEALTH	MEDIHELP	FEDHEALTH	DISCOVERY
Name of Option	(2022) Ingwe: State (Income R0 - R775)	(2022) MedElect (Income R0 - R800)	(2022) myFED (Income R0 - R6,251)	(2022) Keycare Plus (Income R0 - R8,550)
IN HOSPITAL BENEFITS: <u>Rate of Cover for Specialist fees during hospitalisation Hospitals that may be utilized</u> (Pre-authorization is required before treatment starts, or in case of an emergency within the next two business days) <u>Overall limits & Deductibles</u>	100% of Scheme Rate	100% of Scheme Rate (Specialist Network applies for PMBs)	100% of Scheme Rate Contracted Specialists covered at cost	100% of Scheme Rate
	State Hospitals (Co-payment for use of non-DSP hospitals - difference between state and provider used)	MedElect Network Hospitals	Network Private Hospitals	KeyCare Network Hospitals
	Unlimited (ICU ltd to 10 days per admission)	Unlimited	Unlimited (Co-payments: R13,000 for use of non-network hospitals and R2,100 for use of non-network Day Clinics) Limit of R2,500 per beneficiary for non-network GPs and Specialists	Unlimited (*exclusions apply)
Listed Procedures: <i>Procedures normally performed in hospital, performed in Doctor's room/Day Ward e.g.Gastroscopy, etc.</i>	Defined list of procedures covered (excludes Scopes), subject to pre-authorization. (Refer to member guide for full list)	In the day surgery network: All Scopes: Unlimited. Co-payments (use of day surgery or further 35% co-payment) apply. <i>*refer to last page</i> In th doctors room: All scopes: Unlimited	Unlimited at cost at PMB level of care	Cover for a defined list of procedures in the KeyCare day surgery network
Maternity Benefits (In & Out of Hospital)	In Hospital: Unlimited. Caesarean sections: Emergency cover only Out of Hospital: 7 antenatal visits, 1 nurse home visit after discharge, 2 growth scans, 2 paediatric visits in baby's first year, subject to registration on maternity programme	In Hospital: Unlimited. R14,100 for home births, pre-auth req. Out of Hospital: 2 x 2D sonars & 2 consult at dietician, ante-natal classes. Pre- & post-natal care: 10 consultations with midwife, GP, gynae. (refer to member guide for full benefits)	In Hospital: Unlimited at cost at PMB level of care. Elective caesarean subject to R12,900 co-payment Out of Hospital: 2x 2D scans by either Network GP or Network Gynaecologist	In Hospital: 3 days & 2 nights for natural birth / 4 days & 3 nights for emergency caesarean Out of Hospital: 8 Antenatal visit (GP/Gynae/Midwife), 1 NIPT test, selected blood tests, 2 ultrasound scans, 5 pre- or postnatal classes (refer to member guide for all listed benefits) (refer to member guide for all listed benefits)
Psychiatric & Psychological Treatment	Limited to Prescribed Minimum Benefits at State facilities, 21-day sub-limit applies to drug and alcohol rehabilitation	In & Out of Hospital: R20,800 per beneficiary to max of R31,600 per family <i>Out of hospital benefit applicable to psychiatric treatment only</i>	Limit of R9,700 per family per year	In Hospital: 21 Days per beneficiary OR Out of Hospital: 15 consultations per beneficiary. Subject to PMB
MRI & CAT Scans (In & Out of Hospital)	Limited to Prescribed Minimum Benefits at State facilities	In & Out of Hospital: Unlimited. *Co-payment applies. Subject to request of a specialist, clinical protocols and pre-auth	In Hospital: R15,030 per beneficiary, subject to overall limit of R30,300 per family per year Out of Hospital: No Benefit	In Hospital: Related to approved admission (subject to pre-auth) up to 100% of Scheme Rate Out of Hospital: Limited to R4,730 per beneficiary(<i>subject to day-to-day Specialist benefit</i>)
Oncology/Cancer (In & Out of Hospital)	Limited to Prescribed Minimum Benefits at State facilities	PMB Unlimited Non-PMB limit of R220,000 ptpa Protocols and DSP (ICON) apply. Co-payments apply to voluntary non-network services (10%) and/or deviating from protocol (20%)	Covered up to PMB level of care at DSPs. Subject to Essential protocol at ICON and tier 1 primary level of care at SAOC. 40% co-payment for use of non-DSP	Subject to PMB, use of Network cancer specialist and registration on Oncology Programme
HIV/Aids - Sub limits on Medicine might apply	At chosen network provider: R34,500 per family for Anit-retroviral treatment, R35,000 per family for HIV related admissions	LifeSense Disease Management is the managed healthcare partner for HIV/Aids. DSP for HIV/Aids medicine: Dis-Chem Direct and Medipost	Unlimited at cost at PMB level of care. Medication must be obtained from Pharmacy Direct or 40% co-payment will apply	Subject to registration on HIVCare Programme and use of Network Providers. 20% co-pay applies for use of non DSP

Name of Medical Scheme	MOMENTUM HEALTH	MEDIHELP	FEDHEALTH	DISCOVERY
Name of Option	(2022) Ingwe: State (Income R0 - R775)	(2022) MedElect (Income R0 - R800)	(2022) myFED (Income R0 - R6,251)	(2022) Keycare Plus (Income R0 - R8,550)
Ambulances Services/Administrators used by the Scheme <i>(In case of an Emergency any service can be used)</i>	Netcare 911	Netcare 911	Europ Assistance	Discovery 911
Discharge Medicine (Take Home Medicine)	7 days supply	R370 per beneficiary per admission	Up to 100% of MPL. Limited to 7 days medication per hospital event	Subject to PMB <u>OR</u> for your own pocket
Emergency Ward Treatment which does not result in Hospitalisation	Subject to out-of-network GP, casualty OR after-hours visits: 1 visit pbpa, max of 2 visits pfpa. Subject to authorisation within 72 hours else 30% co-payment applies	Outpatient emergency unit services, medicine and services by a non-network GP paid at 80% of MT up to R1,200 pbpa and R2,450 pfpa	Unlimited at 100% of Fedhealth Rate. Co-payment of R660 per visit for non-PMBS	Cover for one casualty visit at any casualty unit within Keycare Hospital Network. Member pays first R425 of consultation
International Medical Travel Assistance	No Benefit	Maximum of 90 days cover in emergencies only, from date of departure. Transport by Road: R2,210 per case, by Air: R14,700 per case	Europ Assistance. R5 million for emergency medical and related expenses ltd to 45 days per journey for both leisure and business travel	No Benefit
Post Hospitalisation Benefit <i>(Treatment after discharge pertaining to hospitalisation paid from Risk benefits)</i>	R14,200 per beneficiary for medical rehabilitation and step-down facilities. No benefit for private nursing and Hospice	Limit of R24,100 for sub-acute care and private nursing services as an alternative to hospitalisation. Palliative Care R18,800 pfpa	Unlimited at cost at PMB level of care	Access to Connected Care. Includes cover and treatment for COVID-19 and/or follow-up care once discharged. <i>(refer to brochure for details)</i>
Internally Implanted Protheses <i>(Limits apply only on Protheses)</i>	Limited to Prescribed Minimum Benefits at State facilities	Subject to Prescribed Minimum Benefits. Listed essential cases - clinical guidelines and pre-authorisation apply	Unlimited at cost at PMB level of care	Subject to PMB and Network Hospitals
Dialysis	Limited to Prescribed Minimum Benefits at State facilities	Unlimited. Acute (subject to hospital authorisation) and Chronic (subject to pre-authorisation and clinical protocols)	Unlimited at cost at PMB level of care at DSP. A 40% co-payment is applicable, for voluntary non-DSP utilisation	Subject to registration, approval of treatment plan and use of network provider or state facility .
Chronic Benefits: <i>All Schemes provide unlimited <u>Prescribed Minimum Benefits (PMB)</u> for the treatment of Conditions (Chronic Disease List) e.g. Diabetes, Asthma, Cholesterol, Hypertension, etc. <u>Benefits are Subject to</u> a Scheme treatment plan, formulary, registration, pre-authorisation and a Designated Service Provider (DSP) to avoid a co-payment.</i>	Cover for Prescribed Minimum Benefits DSP: Ingwe Primary Care Network Subject to Network entry-level formulary	Cover for Prescribed Minimum Benefits DSP: Pharmacy Network	27 Chronic conditions covered (Prescribed Minimum Benefits) 100% MPL. Basic formulary DSP: Clicks, Dis-Chem, Medirite, Pharmacy Direct, Clicks Direct Medicines, Dis-Chem Direct and Medirite Courier Pharmacy	Cover for Prescribed Minimum Benefits, subject to approval DSP: Chosen primary dispensing GP or Network Pharmacy 20% co-payment applies for use of non-DSP Pharmacy

Out of hospital Benefits

Name of Medical Scheme	MOMENTUM HEALTH		MEDIHELP		FEDHEALTH		DISCOVERY	
Name of Option	(2022) Ingwe: State (Income R0 - R775)		(2022) MedElect (Income R0 - R800)		(2022) myFED (Income R0 - R6,251)		(2022) Keycare Plus (Income R0 - R8,550)	
<p>OUT OF HOSPITAL BENEFITS: *Day-to-Day Benefits, or **Savings, which is included in the Total Monthly Premium to make provision for medical expenses that does not require hospitalisation e.g. GP visits & Dentistry is displayed on this page.</p> <p>Available Supplementary Benefits (if applicable)</p> <p>TOTAL *In-Scheme Day-to-Day Benefits (if applicable) & or **Savings:</p>	<p>Benefits available through Ingwe Primary Care Network</p> <p>Early detection tests: Health Assessment, dental consult, pap smear, physical & prostate exam (every 2,3 or 5 years - age specific), cholestrol, blood sugar, HIV</p> <p>Preventative care: Baby immunisation (up to age 6), flu vaccine, tetanus injection (when needed) <i>(Refer to member guide for full details)</i></p>		<p>Benefits covered by Insured Day-to-Day Benefits - see annual amounts below</p> <p>Screening Benefits: Glucose test, cholesterol test, BMI, BP, mammogram, pap smear, prostate, HIV, FOBT</p> <p>Immunisations: Flu vaccine, tetanus, HPV, Pneumovax, child immunisations</p> <p>Back treatment programme 1 Dietician visit (if BMI)</p> <p>Contraceptives, Heath Tests Care Extender Benefit <i>Refer to member guide for full benefits and limits</i></p>		<p>Day-to-Day benefits are provided through the contracted myFED GP Network</p> <p>Health risk assessment: BMI, blood pressure, finger prick cholesterol, glucose tests</p> <p>Preventative Screening: Waist-to-hip ratio, body fat %, flexibility, posture and fitness</p> <p>General: Flu vaccine, HIV test (all lives) 1 test for newborn hearing screening, female contraception subject to acute formulary</p>		<p>Supplementary Benefits covered from Risk (subject to pre-auth) Screening & Prevention Benefit: Blood Glucose, BP, Cholesterol, BMI, Mammogram (every 2 yrs), Pap smear (every 3 yrs), PCA (every yr), HIV, Flu vaccine (for pregnancy, over 65yrs or certain chronic), subject to clinical criteria</p> <p>Child Screening: Growth assessment, health and milestone tracking</p> <p>Maternity: (Cover for first 2 years after birth) 2 GP, paediatric or ENT visits, 1 Midwife, GP or Gynae consult (6 week) post birth, 1 Dietitian nutritional assessment, 2 Mental health consult with a counsellor or psychologist & 1 lactation consult with a registered nurse or specialist. Subject to Wellness Network Providers Trauma Recovery Extender Benefit Connected Care: Access to care from home <i>(refer to member guide for details)</i></p>	
	Annual Savings	N/A	Day-to-Day Benefit	R 5 300	Annual Savings	N/A	Annual Savings	N/A
	Total	N/A	Total	R 5 300	Total	N/A	Total	N/A
ProRata disclosure (Inception Date :01/03/-2022)	Pro Rated Benefits	N/A	Pro Rated Benefits	R 4 417	Pro Rated Benefits	N/A	Pro Rated Benefits	N/A
Annual Threshold/Safety Net limit to be reached:	N/A		N/A		N/A		N/A	
Estimated Self Payment Gap:	N/A		N/A		N/A		N/A	
General Practitioner Visits	<p>Unlimited at Primary Care Network GP. Pre-auth required from 11th visit. Subject to out-of-network GP, casualty OR after-hours visits: 1 visit pbpa, max of 2 visits pfpa. R100 co-payment applies per visit. Subject to authorisation within 72 hours else 30% co-payment applies</p>		<p>Limit of M:R2,100 M+1:R3,700 M+2:R4,350 M+1:R4,650 M+1:R5,200</p>		<p>Unlimited at contracted nominated GP (can nominate 2 GPs per beneficiary). Monitoring after 10 visits. Non-nominated GP limited to 2 visits per beneficiary at a contracted GP</p>		<p>Unlimited at chosen KeyCare Network GP. Second GP can be nominated. Authorisation required after the 15th visit. 4 Out-of-Network GP visit per beneficiary</p>	
Specialist Visits	<p>Limit of 2 visits pfpa, limited to R1,150 per visit and up to max R2,300 pfpa. Subject to referral by Primary Care Network GP and pre-authorisation</p>		<p>Subject to Day-to-Day Benefits, and referral by Network GP</p>		<p>2 Specialist consultations up to R2,000 per family per year. Must be referred by contracted GP</p>		<p>R4,730 per beneficiary. Subject to referral by your chosen KeyCare GP and pre-authorisation</p>	
Prescribed/ Acute Medicine	<p>Subject to prescribed formulary. OTC medication not covered</p>		<p>Subject to Day-to-Day Benefits. Self-medication limit of R530 pbpa and R1,570 pfpa</p>		<p>Unlimited at dispensing contracted GP. Non-dispensing GP, subject to acute formulary. No Benefit for OTC medication</p>		<p>Unlimited. Subject to the Network Acute Medicine Formulary prescribed by KeyCare Network GP</p>	

Name of Medical Scheme	MOMENTUM HEALTH	MEDIHELP	FEDHEALTH	DISCOVERY
Name of Option	(2022) Ingwe: State (Income R0 - R775)	(2022) MedElect (Income R0 - R800)	(2022) myFED (Income R0 - R6,251)	(2022) Keycare Plus (Income R0 - R8,550)
Basic Dentistry (Consultations, Oral hygiene, Extractions & Fillings)	Examination, fillings & x-rays covered as per list of tariff codes. 1 visit pbpa. Pre- authorisation is required if more than 4 fillings and extractions is required	Benefits pbpa and subject to *DRC protocols, e.g. 1 routine checkup, 1 oral hygiene visit, 4 fillings, 2 root-canal treatments, extractions, plastic dentures (20% co-pay applies), procedures under aneathetic - pre-auth required	Subject to contracted dentists, limited to list of approved procedures, e.g. fillings, extractions, scale & polish, 1 set of plastic dentures per beneficiary every 2 years	Consultations, fillings, extractions covered through Dentist Network. Certain rules and limits may apply
Specialised/Advanced Dentistry	No Benefit	No Benefit	No Benefit	No Benefit
Auxiliary Services (Homeopaths, Dieticians, Clinical psychologists, Speech therapists, Physiotherapy, Chiropractors & Occupational therapists)	Limited to Prescribed Minimum Benefits at State facilities	Limit of M:R2,200 M+:R3,450 for physio therapy treatment and material	No Benefit	No Benefit
Mental Health	Limited to Prescribed Minimum Benefits at State facilities	Subject to Day-to-Day Benefits	Limited to 2 consultations per beneficiary at a nominated myFED contracted GP	<i>Refer to In-Hospital Psychiatric Benefits</i>
Optical	Primary Care Network facility: 1 eye test, 1 pair of clear standard or bi-focal lenses with standard frame pbp2a (min 0.5 refractive measurement to qualify)	Benefits pb per 24 months and subject to use of PPN Network: 1 eye test, 1 pair clear single vision/ bifocal/ multifocal lenses, R550 (PPN frame) and/or lens enhancements, OR R750 contact lenses	Subject to ISO Leso. 1 consultation. Frame limit of R230 or R230 of any other frame. 1 pair of single vision clear CR39 lenses or 1 pair of bifocal clear CR39 lenses. Benefit available pb every 2yrs	One eye test pbpa. A specific range of glasses to choose from, or a set of contact lenses every 2 years per beneficiary DSP: KeyCare Optometry Network
Radiology & Pathology	Specific list of radiology (black & white x-rays) & pathology tests covered at Network Provider	Subject to Day-to-Day Benefits	Unlimited subject to basic protocols and limited list of tests and procedures. Must be referred by contracted GP	Pathology: Basic list of test covered, only if required by KeyCare Network GP. Radiology: Selected basic x-rays, only if required by KeyCare Network GP
*In Scheme Day-to-Day Benefits: Benefits that are part of Risk Cover, unused benefits will not carry over to next year. **Savings: Fixed Rand Amount for Day-to-Day Benefits upfronted annually. Savings that are not used for be carried over to next year. All Day-to-Day Benefits and Savings is calculated <i>pro-rata</i> per annum.	Optional HEALTH SAVER available to fund additional day-to-day expenses not covered by the option Specialised Procedures List, Limits and Exclusions: <i>(Refer to member guide for full list and details)</i>	Children regarded as child dependants until 21yrs *CO-PAYMENTS: Endoscopic Procedures (In Hospital/Day Clinic): R4,600; (In Doctors Rooms): No co-payment Spinal Column Surgery: R15,600 Prostatctomy, Hysterectomy and endometrial ablation: R6,900 MRI/CT Scans: R2,700 Dental Procedures: R1,960 *DRC protocols: visit www.dentalrisk.co.za 20% co-payment applies per admission if not pre-authorized 35% co-payment applies for use of out-of-network hospitals by choice <i>Refer to member guide for full details</i> 35% co-payment applies for use of out-of-network hospitals by choice <i>Refer to member guide for full details</i>	Child rates for children up to age 27. Pay max 3 children. Pay max 3 children Limitations, exclusions and DSPs apply <i>(refer to member guide for full details)</i>	*EXCLUSIONS: Joint replacements, Knee and shoulder surgery, Back and neck treatment or surgery <i>Refer to member guide for full list</i> *Partial Cover Hospital Network: Applies to 6 Hospitals (KZN/GAUTENG). Cover up to 70% of hospital account, applicable planned events only

Glossary of the terms and Abbreviations

Below is an explanation of some of the terms and abbreviations you may encounter in the accompanying benefit comparisons or Scheme documentation.

MSA or Savings	MSA or Savings Medical Savings Account			
	A savings facility attached to certain Scheme Options to which members contribute monthly, which is limited to a maximum of 25% of total monthly contributions. Normally a credit equal to 12x the monthly savings contribution is available upfront. This amount is pro-rated for members joining during the year, depending on the months left to the end of the year.			
PP/DSP	Preferred Provider/Designated Service Provider			
	A service provider with whom the Scheme has negotiated preferential rates, or who is part of a preferred provider network.			
PMB	Prescribed Minimum Benefits			
	A list of 270 conditions or group conditions and 26 chronic illness conditions as listed in Annexure A of the Medical Schemes Act for which any Scheme is obliged members certain minimum benefits in the form of diagnosis, treatments and services.			
CDL	Chronic Disease List			
	A specified list of 26 chronic conditions forming part of the Prescribed Minimum Benefits in respect of which all schemes are obliged to cover in full according to the specific Scheme or Option treatment plans and protocols.			
LJP	Late Joiner Penalty			
	A contribution loading imposed on persons older than 35 who were not members or dependants of a medical scheme from a date before 1 April 2001. The loading is based on the Risk portion of the contribution and is calculated according to the years without cover after the age of 35, with credit given for years of cover after the age of 21, according to the following scales:			
	1-4 years - 5%	5-14 years - 25%	15-24 years - 50%	25+ years - 75%
OAL	Overall Annual Limit			
	An upper limit, normally expressed as a Rand amount, to which claims are restricted during a benefit year for Hospital claims only or all claims incurred by the member and paid by die Scheme.			
ATB	Above Threshold Benefit			
	A benefit forming part of certain Scheme Options that provides continued cover for day-to-day claims and accessed after depletion of a member’s MSA, together with reaching a specified Threshold in accumulated legitimate claims, expressed as a Rand amount.			
Formulary	A defined list of medicine used in the treatment of various diseases.			
General Waiting Period	A period in which a Beneficiary is not entitled to claim any benefits. A general waiting period of 3 months will usually be applicable if a member was not previously a member of registered medical scheme, or was a member of a medical scheme for more than two years and the change of medical scheme was not as a result of a change of employment, or if the period between the termination of membership of a previous scheme and joining a new scheme is more than ninety days.			
Condition-specific Waiting Period	A period during which a beneficiary is not entitled to claim benefits in respect of a condition for which medical advice, diagnosis, care or treatment was recommended or received within the twelve (12) month period ending on the date on which an application for members was made. A 12 month condition-specific waiting period will usually be applicable if a member was not previously a member of a registered medical scheme, or was a member of a medical scheme for less than two years and the change of medical scheme was not as a result of a change of employment, or if the period between the termination of membership of a previous scheme and joining a new scheme was more than ninety days.			
BP	Blood Pressure			
p/b	per beneficiary			
p/f	per family			
p/a	per annum			
*The following waiting periods may apply	3-month general waiting period	12-month conditional waiting period	Applicable to PMBs	
New applicants, or persons not members for preceding 90 days	Yes	Yes	Yes	
Applicants who were members for less than 2 years without a break for longer than 90 days	No	Yes	No	
Applicants who were members for more than 2 years without a break for longer than 90 days	Yes	No	No	
Change of benefits	No	No	N/A	
Child-dependants born during period of membership and where the scheme has been notified	No	No	N/A	
Involuntary transfer due to a change of employment or employer changing scheme	No	No	N/A	