

momentum
health

Benefit Option Overview 2011



Our front cover:

At Momentum Health, we believe that each of us has needs as unique as our fingerprints. We also believe that in order to continue enjoying world class healthcare in our country, we need to take a long-term view. What will the private healthcare arena in South Africa look like when our children are the adult members? Will they still be able to afford appropriate cover?

Momentum Health's Value of Choice philosophy intends to evolve private healthcare into a sustainable environment where each of us can shape our cover according to our needs. Where you can save up to 30% on your contributions through provider choice, or earn up to R3 600 a year from Momentum while proactively taking ownership of your health status.

Choice. It is the future.



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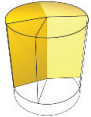
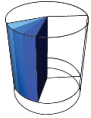

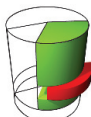
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Make the right choice

Level of Cover

	Ingwe Option	Access Option	Custom Option	Incentive Option	Extender Option	Summit Option
 Major Medical Benefit	Specialists covered up to 100% of MHR Hospital accounts covered in full at negotiated rate Limited to R850 000 per family per year	Specialists covered up to 100% of MHR Hospital accounts covered in full at negotiated rate Unlimited	Associated specialists covered in full Other specialists covered up to 100% of MHR Hospital accounts covered in full at negotiated rate Unlimited R850 co-payment applies	Associated specialists covered in full Other specialists covered up to 200% of MHR Hospital accounts covered in full at negotiated rate Unlimited	Associated specialists covered in full Other specialists covered up to 200% of MHR Hospital accounts covered in full at negotiated rate Unlimited	Associated specialists covered in full Other specialists covered up to 300% of MHR Hospital accounts covered in full at negotiated rate Unlimited
 Chronic Benefit	Unlimited for 26 conditions	Unlimited for 26 conditions	Unlimited for 26 conditions	Unlimited for 26 conditions - additional 6 conditions limited to R6 300 per family	Unlimited for 26 conditions - additional 36 conditions limited to R6 300 per family	Unlimited for 26 conditions - additional 36 conditions accumulate to the overall day-to-day limit of R15 800 per beneficiary. This is a combined limit incorporating both day-to-day cover and cover for the 36 additional conditions
 Day-to-day Benefit	Primary care Secondary care (Specialist visits)	Primary care Secondary care (Specialist visits)	Subject to Health Saver, if applicable	Savings 10% of total contribution	Savings 25% of total contribution plus Extended Cover	Paid from risk benefit, subject to overall day-to-day limit of R15 800 per beneficiary. This is a combined limit incorporating both day-to-day cover and cover for the 36 additional conditions
 Health Saver	Voluntary amount to suit your needs	Voluntary amount to suit your needs	Voluntary amount to suit your needs	Voluntary amount to suit your needs	Voluntary amount to suit your needs	Voluntary amount to suit your needs

Momentum Health strives to offer you good value for money by combining flexibility with comprehensive cover, because it is important to match your family's healthcare needs. Use the following guide to assess your needs, and make the right choice.

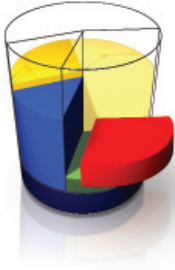
Your choice of provider determines your monthly contribution

	Ingwe Option	Access Option	Custom Option	Incentive Option	Extender Option	Summit Option
In-hospital	State or Ingwe Network hospitals	Access Network hospitals	Any or Associated hospitals	Any or Associated hospitals	Any or Associated hospitals	Any hospital
Out-of-hospital	CareCross or Prime Cure	CareCross, Medicross or Prime Cure	Any, Associated or State	Any, Associated or State	Any, Associated or State	Freedom-of-choice
Certain formularies apply to the Chronic Benefit	Entry-level formulary	Entry-level formulary	Any: Reference Price List Associated: Entry-level formulary State: Entry-level formulary	Any: Reference Price List Associated: Entry-level formulary State: Entry-level formulary	Any: Reference Price List Associated: Entry-level formulary State: Entry-level formulary	No formularies apply

Glossary of providers

In-hospital providers (Major Medical Benefit)	
Ingwe Network hospitals	Selected Life Healthcare hospitals
Access Network hospitals	Selected Netcare hospitals
Any hospital	Any private hospital
Associated hospitals	Selected Life Healthcare and Medi-Clinic hospitals
Associated specialists	Selected preferred specialists

Out-of-hospital providers (Chronic and Day-to-day benefits)	
Any	Any GP and any pharmacy
Associated	Selected preferred GPs and Courier pharmacies (chronic medication)
State	Any GP for Day-to-day benefits and State facilities for Chronic benefits



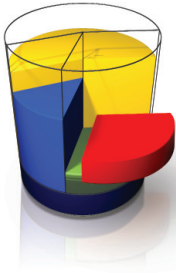
Ingwe Option

Features	Benefits
Major Medical Benefit	Specialists covered up to 100% of MHR Hospital accounts covered in full at negotiated rate Limited to R850 000 per family per year
Choice of hospital provider	Ingwe Network or State hospitals
Specialised Procedures	19 procedures covered - e.g. hernia repairs, laser tonsillectomy or grommets
Chronic Benefit	Unlimited chronic medication for 26 conditions
Day-to-day Benefit	Primary care benefits such as medicine, GP visits, basic dentistry, basic radiology and basic pathology
Choice of out-of-hospital provider	CareCross or Prime Cure
Health Platform	E.g. Health Assessments, dental examinations, routine GP check-ups, pap smears, etc. Maternity benefit: 3 antenatal visits (GP or gynaecologist), 2 growth scans

Contribution table:

Monthly family income	In-hospital provider	Out-of-hospital provider	P	A	C
≤ R3 750	State	CareCross	R318	R318	R173
≤ R3 750	State	Prime Cure	R383	R383	R184
R3 751 – R6 000	State	CareCross or Prime Cure	R383	R383	R184
R6 001 – R8 000	State	CareCross or Prime Cure	R440	R440	R191
> R8 000	State	CareCross or Prime Cure	R741	R709	R224
≤ R3 750	Ingwe Network	CareCross	R427	R427	R204
≤ R3 750	Ingwe Network	Prime Cure	R592	R592	R217
R3 751 – R6 000	Ingwe Network	CareCross or Prime Cure	R592	R592	R217
R6 001 – R8 000	Ingwe Network	CareCross or Prime Cure	R758	R720	R228
> R8 000	Ingwe Network	CareCross or Prime Cure	R1 002	R952	R301

P = Principal A = Adult C = Child



Access Option

Features	Benefits
Major Medical Benefit	Specialists covered up to 100% of MHR Hospital accounts covered in full at negotiated rate Unlimited
Choice of hospital provider	Access Network hospitals
Specialised Procedures	19 procedures covered - e.g. hernia repairs, laser tonsillectomy or grommets
Chronic Benefit	Unlimited chronic medication for 26 conditions
Day-to-day Benefit	Primary care benefits such as medicine, GP visits, basic dentistry, basic radiology and basic pathology
Choice of out-of-hospital provider	CareCross, Medicross or Prime Cure
Health Platform	E.g. Health Assessments, dental examinations, routine GP check-ups and pap smears. Maternity benefit: 3 antenatal visits (GP or gynaecologist) and 2 growth scans

Contribution table:

In-hospital provider	Out-of-hospital provider	P	A	C
Access Network	CareCross, Medicross or Prime Cure	R1 072	R1 019	R321

P = Principal A = Adult C = Child





Custom Option

Features	Benefits
Major Medical Benefit	Associated specialists covered in full Other specialists covered up to 100% of MHR Hospital accounts covered in full at negotiated rate Unlimited R850 co-payment applies, except for motor vehicle accidents, maternity confinements and emergency treatment
Choice of hospital provider	Any or Associated hospitals
Specialised Procedures	50 procedures covered - e.g. hernia repairs, laser tonsillectomy, sinus surgery, colonoscopy or dialysis
Chronic Benefit	Unlimited chronic medication for 26 conditions
Choice of Chronic Provider	Any, Associated or State
Day-to-day Benefit	Subject to Health Saver, if applicable
Health Platform	E.g. Health Assessments, dental examinations, routine GP check-ups, pap smears Maternity benefit: 12 antenatal visits (GP or gynaecologist), 2 pregnancy scans and 2 paediatrician visits in your child's first year

Contribution table:

Step 1: Choose your in-hospital provider

Any	or	Associated
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Step 2: Choose your out-of-hospital provider

If you choose **Any in-hospital provider**, select one of the three out-of-hospital providers below:

Any	P	A	C
Total contribution	R1 132	R 909	R405
Associated	P	A	C
Total contribution	R1 063	R 829	R386
State	P	A	C
Total contribution	R1 010	R763	R370

If you choose **Associated in-hospital provider**, select one of the three out-of-hospital providers below:

Any	P	A	C
Total contribution	R970	R765	R343
Associated	P	A	C
Total contribution	R885	R685	R313
State	P	A	C
Total contribution	R786	R595	R278

P = Principal A = Adult C = Child (Maximum of 3 children charged for)



Incentive Option

Features	Benefits
Major Medical Benefit	Associated specialists covered in full Other specialists covered up to 200% of MHR Hospital accounts covered in full at negotiated rate Unlimited
Choice of hospital provider	Any or Associated hospitals
Specialised Procedures	50 procedures covered - e.g. hernia repairs, laser tonsillectomy, sinus surgery, colonoscopy or dialysis
Chronic Benefit	Unlimited chronic medication for 26 conditions Limit of R6 300 per family per year for 6 additional conditions
Choice of Chronic Provider	Any, Associated or State
Day-to-day Benefit	10% Savings
Health Platform	E.g. Health Assessments, dental examinations, routine GP check-ups, pap smears Maternity benefit: 12 antenatal visits (GP or gynaecologist), 2 pregnancy scans and 2 paediatrician visits in your child's first year

Contribution table:

Step 1: Choose your in-hospital provider

Any	or	Associated
-----	----	------------

Step 2: Choose your out-of-hospital provider

If you choose **Any in-hospital provider**, select one of the three out-of-hospital providers below:

If you choose **Associated in-hospital provider**, select one of the three out-of-hospital providers below:

Any	P	A	C
Total contribution	R1 477	R1 199	R574
Risk contribution	R1 329	R1 079	R517
Savings 10%	R148	R120	R57
Annual Savings	R1 776	R1 440	R684

Any	P	A	C
Total contribution	R1 377	R1 108	R514
Risk contribution	R1 239	R997	R463
Savings 10%	R138	R111	R51
Annual Savings	R1 656	R1 332	R612

Associated	P	A	C
Total contribution	R1 392	R1 117	R547
Risk contribution	R1 253	R1 005	R492
Savings 10%	R139	R112	R55
Annual Savings	R1 668	R1 344	R660

Associated	P	A	C
Total contribution	R1 257	R1 000	R478
Risk contribution	R1 131	R900	R430
Savings 10%	R126	R100	R48
Annual Savings	R1 512	R1 200	R576

State	P	A	C
Total contribution	R1 272	R1 002	R502
Risk contribution	R1 145	R902	R452
Savings 10%	R127	R100	R50
Annual Savings	R1 524	R1 200	R600

State	P	A	C
Total contribution	R1 090	R854	R423
Risk contribution	R981	R769	R381
Savings 10%	R109	R85	R42
Annual Savings	R1 308	R1 020	R504

P = Principal A = Adult C = Child (Maximum of 3 children charged for)



Extender Option

Features	Benefits
Major Medical Benefit	Associated specialists covered in full Other specialists covered up to 200% of MHR Hospital accounts covered in full at negotiated rate Unlimited
Choice of hospital provider	Any or Associated hospitals
Specialised Procedures	50 procedures covered - e.g. hernia repairs, laser tonsillectomy, sinus surgery, colonoscopy or dialysis
Chronic Benefit	Unlimited chronic medication for 26 conditions Limit of R6 300 per family per year for 36 additional conditions
Day-to-day Benefit	25% Savings plus Extended Cover
Choice of out-of-hospital provider	Any, Associated or State
Health Platform	E.g. Health Assessments, dental examinations, routine GP check-ups, pap smears Maternity benefit: 12 antenatal visits (GP or gynaecologist), 2 pregnancy scans and 2 paediatrician visits in your child's first year

Contribution table:

Step 1: Choose your in-hospital provider

Any	or	Associated
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Step 2: Choose your out-of-hospital provider

If you choose **Any in-hospital provider**, select one of the three out-of-hospital providers below:

Any	P	A	C
Total contribution	R2 739	R2 184	R859
Risk contribution	R2 054	R1 638	R644
Savings 25%	R685	R546	R215
Annual Savings	R8 220	R6 552	R2 580
Threshold	R9 600	R8 400	R2 700

Associated	P	A	C
Total contribution	R2 505	R2 000	R785
Risk contribution	R1 879	R1 500	R589
Savings 25%	R626	R500	R196
Annual Savings	R7 512	R6 000	R2 352
Threshold	R9 600	R8 400	R2 700

State	P	A	C
Total contribution	R2 341	R1 868	R733
Risk contribution	R1 756	R1 401	R550
Savings 25%	R585	R467	R183
Annual Savings	R7 020	R5 604	R2 196
Threshold	R9 600	R8 400	R2 700

If you choose **Associated in-hospital provider**, select one of the three out-of-hospital providers below:

Any	P	A	C
Total contribution	R2 451	R1 956	R768
Risk contribution	R1 838	R1 467	R576
Savings 25%	R613	R489	R192
Annual Savings	R7 356	R5 868	R2 304
Threshold	R9 600	R8 400	R2 700

Associated	P	A	C
Total contribution	R2 259	R1 801	R709
Risk contribution	R1 694	R1 351	R532
Savings 25%	R565	R450	R177
Annual Savings	R6 780	R5 400	R2 124
Threshold	R9 600	R8 400	R2 700

State	P	A	C
Total contribution	R2 081	R1 533	R653
Risk contribution	R1 561	R1 150	R490
Savings 25%	R520	R383	R163
Annual Savings	R6 240	R4 596	R1 956
Threshold	R9 600	R8 400	R2 700

P = Principal A = Adult C = Child (Maximum of 3 children charged for)



Summit Option

Features	Benefits
Major Medical Benefit	Associated specialists covered in full Other specialists covered up to 300% of MHR Hospital accounts covered in full at negotiated rate Unlimited
Choice of hospital provider	Any hospital
Specialised Procedures	50 procedures covered - e.g. hernia repairs, laser tonsillectomy, sinus surgery, colonoscopy or dialysis
Chronic Benefit	Unlimited chronic medication for 26 conditions 36 additional conditions subject to overall day-to-day limit
Day-to-day Benefit	Covered from risk benefit, subject to overall day-to-day limit of R15 800 per beneficiary and sub-limits
Choice of out-of-hospital provider	Freedom-of-choice
Health Platform	E.g. Health Assessments, dental examinations, routine GP check-ups, pap smears Maternity benefit: 12 antenatal visits (GP or gynaecologist), 2 pregnancy scans and 2 paediatrician visits in your child's first year

Contribution table:

In-hospital provider	Out-of-hospital provider	P	A	C
Any	Freedom-of-choice	R3 934	R3 147	R904

P = Principal A = Adult C = Child (Maximum of 3 children charged for)





Health Platform Benefit

Health Platform benefits are paid by the Scheme up to a maximum Rand amount per benefit, and are subject to pre-notification. The maximum Rand amount is determined according to specific tariff codes. On Ingwe and Access Options, Health Platform benefits are only available at the preferred provider.

Preventative care		How often?	Ingwe and Access	Custom, Incentive, Extender and Summit
Baby immunisations (On Ingwe and Access, available at nearest State baby clinic)	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	✓	✓
Pneumococcal vaccine	Beneficiaries 60 and older High-risk beneficiaries	As needed		✓
Early detection tests				
Dental examination (incl. sterile tray and gloves)	All beneficiaries	Once a year	✓	✓
Pap smear (pathologist)	Women 15 and older	Once a year	✓	✓
Pap smear Consultation (GP*)	Women 15 and older	Once a year	✓	
Pap smear Consultation (GP* or gynaecologist)	Women 15 and older	Once a year		✓
Mammogram	Women 40 and older	Once every 2 years		✓
DEXA bone density scan (radiologist, GP* or specialist)	Beneficiaries 50 and older	Once every 3 years		✓
General physical examination (GP* consultation)	Beneficiaries between 21 and 29 Beneficiaries between 30 and 59 Beneficiaries between 60 and 69 Beneficiaries 70 and older	Once every 5 years Once every 3 years Once every 2 years Once a year	✓	✓
Prostate specific antigen (pathologist)	Men between 40 and 49 Men between 50 and 59 Men between 60 and 69 Men 70 and older	Once every 5 years Once every 3 years Once every 2 years Once a year	✓	✓
Health Assessment (pre-notification not required): Body Mass Index, Blood pressure test, Cholesterol and blood sugar test (finger prick tests)	All adult beneficiaries	Once a year	✓	✓
Cholesterol test (pathologist)**	All adult beneficiaries	Once a year	✓	✓
Blood sugar test (pathologist)***	All beneficiaries	Once a year	✓	✓
Glaucoma test	Beneficiaries between 40 and 49 Beneficiaries 50 and older	Once every 2 years Once a year		✓
HIV test (pathologist)	Beneficiaries 15 and older	Once every 5 years	✓	✓
Maternity programme (subject to registration on the Maternity Management Programme after 8 weeks of pregnancy)				
Antenatal visits (Midwives, GP* or gynaecologist)	Women registered on the programme	3 visits	✓	
	Women registered on the programme	12 visits		✓
Urine tests (dipstick)	Women registered on the programme	Included in antenatal visits	✓	✓
Scans (one before 24th week and one after)	Women registered on the programme	2 growth scans	✓	
	Women registered on the programme	2 pregnancy scans		✓
Paediatrician visits	Babies up to 12 months registered on the programme	2 visits in baby's first year		✓
Health 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 health advice	All beneficiaries	As needed	✓	✓
Emergency evacuation				
Emergency evacuation in South Africa by Netcare 911	All beneficiaries	In an emergency	✓	✓
International evacuation by ISOS	All beneficiaries	In an emergency		✓
International emergency cover				
R5.5m emergency cover (incl. R11 000 optometry, R11 000 dentistry and R550 000 terrorism cover) A R1 100 co-payment applies per out-patient claim	Per beneficiary per 90-day journey	In an emergency		✓

Please note

* On the Custom, Incentive and Extender Options, GP consultations covered under the Health Platform: If you choose the Associated out-of-hospital provider, a 30% co-payment will apply if you do not use an Associated GP

** Covered if Health Assessment results indicate a total cholesterol of 6 mmol/L and above

*** Covered for adult beneficiaries if Health Assessment results indicate blood sugar levels are 11 mmol/L and above

Exclusions

Notwithstanding the general exclusions mentioned in this paragraph, members are entitled to Prescribed Minimum Benefits (PMBs).

Unless otherwise decided by the Scheme (and with the express exception of medicines or treatment approved and authorised in terms of any health management programme contracted to the Scheme), expenses incurred in connection with any of the following will not be paid for by the Scheme, but may be claimed from Savings, or the Health Saver, if available:

1. All costs incurred during waiting periods and for conditions not disclosed. All costs that exceed the annual maximum allowed for the particular category as set out in the detailed benefit specification, for the benefit to which the member is entitled in terms of the rules.
2. Injuries or conditions sustained during wilful participation in a riot, civil commotion, war, invasion, terrorist activity or rebellion.
3. Professional speed contests or professional speed trials (professional defined as where the member's main form of income is derived from partaking in these contests).
4. Illegal behaviour, negligence, or a breach of law.
5. Costs incurred as a result of failure to carry out the instructions of a medical doctor or dentist.
6. Healthcare provider not registered with the recognised professional body constituted in terms of an Act of parliament.
7. Holidays for recuperative purposes, whether deemed medically necessary or not, including headache and stress relief clinics.
8. All costs relating to a treatment if the efficacy and safety of such treatment cannot be proved.
9. All costs for operations, medicines, treatments and procedures for cosmetic purposes or for personal reasons and not directly caused by or related to illness, accident or disease. This includes the cost of treatment or surgery related to transsexual procedures.
10. Gynaecomastia, blepharoplasty and otoplasty.
11. Breast reduction and breast augmentation.
12. Treatment for obesity.
13. Attempted suicide that exceeds the Prescribed Minimum Benefit limits.
14. Medication not registered by the Medicine Control Council.
15. Costs for services rendered by any institution, nursing home or similar institution not registered in terms of any law.
16. Gum guards and gold used in dentures.
17. Frail care.
18. Travelling expenses, excluding benefits covered by Emergency Evacuation and International Cover.

19. All costs, which in the opinion of the Medical Assessor are not medically necessary or appropriate to meet the healthcare needs of the patient.
20. Appointments that a beneficiary fails to keep.
21. Circumcision and any contraceptive measures or devices.
22. Reversal of vasectomies or tubal ligation (sterilisation).
23. Injuries resulting from narcotic or alcohol abuse, except for the PMBs.
24. Infertility treatment (limited to PMBs in State facilities).
25. The cost of injury and any other related costs as a result of scuba diving to depths below 40 meters and cave diving

This is a summary of Momentum Health's exclusions. Full details can be found in the Momentum Health Scheme Rules

Contact details:

momentum
health

Member call centre: 0860 11 78 59
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Website: www.momentumhealth.co.za
Postal address: PO Box 2338 Durban 4000

Momentum Complementary Products 2011

Momentum offers a range of additional products that adds value through choice. These voluntary complementary products range from a world-class wellness programme, Multiply, to the innovative HealthReturns solution.

Product Summary

HealthReturns

Earn up to R3 600 in as few as two easy steps

Multiply

Momentum's wellness programme gives you access to discounts and rewards from more than 30 providers

Health Saver

The easy way to provide for additional healthcare expenses

Mobi

Enjoy instant access to emergency numbers, claims statements, member details and more – on your phone!

HealthReturns

R3 600 in cash per adult member can be yours

In as few as two easy steps, you can earn up to R3 600 in cash from Momentum. The first step is to undergo a free Health Assessment, the second is to be active. Our HealthReturns programme has been enhanced:

- In addition to pedometer steps and gym visits, your activity level can be determined through a Fitness Assessment, which can be paid for from your Health Saver
- HealthReturns are paid every quarter
- Instead of every calendar year, Health Assessments are valid for 12 months from the date of assessment
- Members who also belong to Multiply will receive double the HealthReturns if they are on the top two activity levels

R1 800 x 2 = R3 600 per adult member, i.e. a couple could earn R7 200 a year!



Your level of activity	Steps per day on average over a 3-month rolling period	Average monthly Multiply gym visits over a 3-month rolling period	Fitness assessments (valid for 6 months)	Monthly HealthReturns for non-Multiply members	Monthly HealthReturns for Multiply members
Level 5	12 001 +	> 12	Excellent	R150	R300
Level 4	9 001 – 12 000	> 9 to 12	Good	R100	R200
Level 3	6 001 – 9 000	> 6 to 9	Acceptable	R50	R50
Level 2	3 001 – 6 000	> 3 to 6	Fair	R25	R25
Level 1	0 – 3 000	0 – 3	Poor	R0	R0

*Fitness assessments available at Virgin Life Care and Wellness Coaching Network

Members on the Access, Custom, Incentive, Extender and Summit Options qualify for HealthReturns.

Multiply

3 600 reasons to join Multiply

Momentum Health members who also belong to Multiply earn double the HealthReturns for being in the top two activity levels. This means instead of R1 800 you can earn up to R3 600 per adult member per year!

By giving you discounted access to wellness partners as well as discounts and rewards from travel and leisure providers, Multiply provides you affordable access to a healthy lifestyle and incentivises you on your journey to wellness.

For instance, you can enjoy great discounts on:

- gym membership (for you, your partner and your children)
- accommodation, domestic flights and flights to London and the USA
- movies and magazines
- Preggi Bellies - specialised cardiovascular programme for expectant moms
- Adventure Boot Camp for Women – outdoors exercise with the luxury of a dedicated trainer
- GPSs, cameras, binoculars, DVDs, CDs and more

Momentum's
Wellness Programme
Multiply

Health Saver

Be prepared for any medical expenses not covered by your option

Health Saver is a seamless extension of your medical aid that:

- is available to all members upon activation
- allows you to make provision for additional healthcare expenses, such as co-payments, cosmetic surgery and refractive eye surgery
- incurs no administration fee
- allows you to choose a monthly amount that suits your pocket and needs
- pays interest on positive Health Saver balances of R5 000 and more
- lets you change this amount once a year without having to change your medical aid option
- gives you the choice of a credit facility or a Pure Saver

Information on the go – you should never have to wonder

Enjoy instant access to emergency numbers, claims statements, member details and more – through your phone!

During the course of 2011, Momentum Health will enhance its Mobi offering through the introduction of an interactive mobile website - another first for medical aids in South Africa!

By accessing this mobisite through your cellphone, you could:

- find a healthcare provider closest to any specific location
- find the number for and contact emergency service providers in a flash
- use a 'Help me choose' quick needs analysis and quote facility
- view a summary of your membership, including beneficiaries' Multiply and Health Saver status and contributions
- view your medical Savings account and Health Saver balances
- see the results of your last Health Assessment (and a reminder of when the next one is due), HealthReturns accumulated to date, as well as next payment date
- read information about upcoming campaigns and events
- read general healthcare news and Momentum Health specific articles

All other functionality that is currently part of the MobiCard application, including functionality to fax or email proof of membership will be retained.

All WAP enabled phones will be able to access the mobisite.



momentum

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Momentum is an authorised financial services and credit provider.