

Frequently asked questions

How do I prove that I am a member?

You will receive a Health4Me membership certificate and membership card, which show the benefits you and your dependants (if they are included on your membership) are covered for. Always make sure that you have your membership card with you when you need to use any of your benefits. Please store your card in a safe place, and don't give it to anyone else to use, as this would be fraud.

What documents do I need to give when I request to add cover for my dependants?

You will need to provide us with a copy of each dependant's identification document or birth certificate. If you have a child dependant who is between the ages of eighteen and twenty-six years of age, you will need to provide us with proof in the form of a letter from a tertiary institution (for a child student) confirming that the child is a student, or an affidavit (for a mentally disabled or physically disabled child).

Can I have my parents or brothers and sisters covered on my membership?

No you can't, you may only cover your spouse and up to six of your own children under the age of twenty-six on your membership.

What do I do if I lose my Health4Me membership certificate or membership card?

You can call us on 0860 10 29 03 to ask us to send you a new membership certificate or membership card.

Can I get an additional Health4Me membership card if my dependants do not live with me?

Yes you can, you can get an additional membership card by calling us on 0860 10 29 03 and requesting one.

Can I go to any doctor (GP, dentist or optometrist)?

No you can't, please remember to always make use of a Momentum CareCross Network GP, dentist and optometrist. To find out which Network providers are near you, simply ask your human resources department to check for you. Alternatively, you can call us on 0860 10 29 03, or visit us at momentum.co.za (under Staff Care Solutions), to find out if the doctor you would like to see is on the Momentum CareCross Network. When you visit a Network GP, dentist or optometrist, please ask him/her to check your benefits to make sure that you are covered for the treatment that you need.

What is the difference between a dispensing and a non-dispensing GP?

Your GP can prescribe medication for you from a list of approved medicines called a formulary. Your GP will either dispense the medicine to you after your consultation (this is a dispensing GP), or give you a prescription that you can take to a pharmacy to get your medicine (this is a non-dispensing GP). You can go to any pharmacy, but we suggest you go to a Dis-Chem, Clicks, MediRite or Pick n Pay pharmacy, as other pharmacies might charge an extra fee, which you will have to pay. Your Network GP may also send you for basic blood tests and black-and-white x-rays. We will pay the account if the doctor is on the GP Network, and if the blood tests or x-rays you have done are on the approved list that we cover.

If a non-dispensing GP prescribes medicine that is not covered on our list of approved medicines (formulary), you will be asked to pay cash for that medication at the pharmacy. If a dispensing GP does not have the specific medicine that you need, they might give you a prescription to take to a pharmacy. It is important to remember that the pharmacy will ask you to pay cash for the medicine, as Momentum pays an additional fee to dispensing GPs to provide the required medicine directly to our members.

What is Hello Doctor?

Hello Doctor offers you easy to understand health and medical services, letting you talk to a GP in any language, any time you need to for free. If you need to speak to a GP, simply dial *120*1019# from your cellphone and choose the relevant option to “ask a doctor to call you”. A registered GP will call you back within an hour. You can also download the free Hello Doctor app from the app store on your cellphone, or go to hellodoctor.co.za. The app and website will allow you the option of texting the GP instead of talking over the phone. The Hello Doctor helpline is available during business hours if you experience any technical problems. You can find the Hello Doctor helpline number in your member guide under Hello Doctor.

How should I register for the Hello Doctor benefit?

You will need to contact us and provide us with your cellphone number, so that we can register you for the Hello Doctor benefit, and send you your unique user name and password.

What is acute medication?

Acute medication is medicine, like antibiotics, that you need to take for a few days only.

What is chronic medication?

Chronic medication is medicine that you need to take daily on an ongoing basis. If you have one of the twenty-six chronic conditions listed in your member guide, you will have access to the chronic medication benefit.



How should I register for the chronic medication benefit?

You will need to visit a Network GP. If your GP diagnoses one of the twenty-six chronic conditions, they will need to call us on 0860 10 29 03 to register you for the chronic benefit. They can do this by completing the chronic benefit application form, and emailing it to health4mechronic@momentum.co.za. We will review the request from your GP and we will tell your GP if we need more information, such as blood test results, before we can confirm your benefit. If we approve the benefit, your GP will give you a prescription for your chronic medication, according to an approved list of chronic medicines.

Where can I get my chronic medication from?

You need to fax or email your prescription to Medipost Pharmacy, and then call them to let them know where they must deliver your medication every month. You can fax your prescription to 0866 82 33 17 or email it to mhealth@medipost.co.za. You can call Medipost Pharmacy on 012 426 4000. We can only pay for your chronic medication if we have approved it and if your GP has prescribed it from the approved list of chronic medicines. You will need to get a new script from your Network GP every six months, and send it to Medipost Pharmacy.

Please note that this benefit is only available if you are on the Graphite or Titanium option.

What is covered under the HIV benefit?

You may go for one HIV ELISA screening blood test per year at a Network GP. If your screening blood test result is positive for HIV, your GP will need to contact us to register you for the HIV benefit. The HIV benefit also includes post-exposure prophylaxis treatment, to prevent HIV infection, in the event that you are accidentally exposed to blood or fluids from an infected person, or by any other means.

How should I register for the HIV medication benefit?

Your GP will need to call us on 0860 55 56 09 to register you for the HIV benefit. They can do this by completing the HIV benefit application form, and faxing it to 0860 77 77 56 or emailing it to health4mehiv@momentum.co.za. We will review the request from your GP and we will tell your GP if we need more information, such as blood test results, before we can confirm your benefit. If we approve the benefit, your GP will give you a prescription for your HIV medication, according to an approved list of antiretroviral medicines.

Where can I get my HIV medication from?

You need to fax or email your prescription to Medipost Pharmacy, and then call them to let them know where they must deliver your medication every month. You can fax your prescription to 0866 82 33 17 or email it to mhealth@medipost.co.za. You can call Medipost Pharmacy on 012 426 4000. We can only pay for your HIV medication if we have approved it and if your GP has prescribed it from the approved list of antiretroviral medicines. You will need to get a new script from your Network GP every six months, and send it to Medipost Pharmacy.

Please note that this benefit is only available if you are on the Graphite or Titanium option.



How does the specialist benefit work?

If you need to see a specialist, you must first visit your Network GP, who will give you a referral letter. You will need to contact us on 0860 10 29 03 to get authorisation. You have cover for two specialist visits per year. The maximum amount we will pay per visit is R1 000, with a maximum for the year of R2 000 for you and your family, if they are also covered on your membership.

Example: Let's say the specialist charges you R1 200 for a visit. The specialist will send the account for R1 200 to Momentum for payment. Momentum will pay the specialist R1 000, and your benefit left for the year will reduce from R2 000 to R1 000. You will have to pay the additional R200 for the visit from your own pocket.

Please note that this benefit is only available if you are on the Titanium option.

What is covered under the maternity benefit?

You will have cover for two maternity visits, which includes two 2D growth scans or ultrasounds, per pregnancy. You will need to visit a Network GP who is certified to do growth scans, or be referred by a Network GP to a gynaecologist (Titanium option only). If you do consult a gynaecologist, the scan will be paid from this benefit, but the visit will be paid from your specialist benefit. Your doctor may also send you for pathology tests related to your pregnancy, and prescribe antenatal vitamins for you from an approved list.

BabyYumYum and Hello Doctor will support you with all the information you will need about your pregnancy and about being a parent. BabyYumYum is the number one parenting portal in South Africa, and they will arrange for a nurse or midwife to visit you at home, to assist you with any guidance you might need after your baby is born. The nurse or midwife will also show you how to bathe, swaddle, latch and feed your newborn. These visits will take place on the 2nd day and in the 2nd week after you get home from the hospital. You will need to call us on 0860 10 29 03 to register for this benefit.

What is covered under the dental benefit?

You may visit any dentist on the Dental Network. You have benefits for basic dentistry, such as fillings, extractions, infection control and cleaning and polishing of teeth. The dentist will send the account to us for payment. Specialised dentistry, such as bridges, crowns, surgical extractions, implants, root canals, gold fillings, dentures and braces, is not covered. If a specific dental procedure is not covered, the dentist will let you know and you will need to pay for it from your own pocket.

If the dentist prescribes antibiotics for me, can I get these from a pharmacy?

Yes you can, but only if the dentist prescribes antibiotics that are on the list of approved medicines (formulary).

Please note that this benefit is only available if you are on the Graphite or Titanium option.



What is covered under the optical benefit?

You may visit any optometrist on the Optical Network. You will have cover for one eye test and one pair of clear standard single vision lenses, or one pair of bi-focal lenses, with a standard frame, every two years. The optometrist will test your eyes and tell you if you need glasses. If your eye test shows a reading of 0.75 or more, the optometrist will show you which frames you can choose from. The optometrist will send the account to us for payment. If your eye test shows that you do not need glasses (a reading of less than 0.75), the optometrist will need to send us a motivation letter, to let us know why you need the glasses. If the optometrist does not send us the motivation letter, then we will pay for the visit only. We do not cover sunglasses, tinted lenses, hard coating or contact lenses.

If the optometrist prescribes eye drops for me, can I get these from a pharmacy?

No you can't, Health4Me does not cover medicines prescribed by an optometrist.

Please note that this benefit is only available if you are on the Graphite or Titanium option.

Can I go for a flu vaccination?

Yes you can, strengthening your immune system to protect yourself from the flu virus is important. You can go for one flu vaccination per year. You can go to any pharmacy clinic to get your flu vaccination, but we suggest you go to a Dis-Chem, Clicks, MediRite or Pick n Pay pharmacy clinic, as other pharmacies might charge an extra fee, which you will have to pay.

Can I go for a health assessment?

Yes you can, you may go for one health assessment per year, which includes a blood pressure test, cholesterol and blood sugar finger prick tests, as well as height, weight and waist circumference measurements. These tests will show you the state of your health, and if you are at risk of developing a long-term condition. You can go to any pharmacy clinic to do your health assessment, but we suggest you go to a Dis-Chem, Clicks, MediRite or Pick n Pay pharmacy clinic, as other pharmacies might charge an extra fee, which you will have to pay.

What is the Employee Assistance Programme?

The Employee Assistance Programme provides you with access to professional counselling and wellness services. These services will help you to manage personal concerns that have an effect on your wellbeing, productivity and performance at work. Through the Employee Assistance Programme, you have access to confidential services, in a variety of languages, via a dedicated toll free contact centre, including the following telephonic counselling services:

- **Psycho social counselling services**

Professional counselors will help you to detect, identify and resolve personal and health problems, that may negatively affect your wellbeing and your ability to perform at work. This service also provides support for children and teenagers, and is there to help them with any issues they may be facing, such as self-image problems, peer pressure, performance anxiety, bullying, depression or exposure to drugs.



- **Trauma and critical incidence counselling services**
You have access to trauma support from experts and professionals 24 hours a day, 7 days a week. Assistance will be provided if you have experienced physical and/or emotional trauma, such as rape, hijacking, child abuse, death or suicide of a close family member, armed robbery or assault, domestic violence, kidnapping or abduction.
- **Legal assist, credit health and debt management services**
If you need legal, debt or financial wellness advice, you can get assistance from fully qualified and experienced attorneys, financial consultants and debt rescue consultants.
- **Managerial support services**
If you are a leader or a manager, you can also get support to assist and equip you to deal with the challenges you may face in the workplace.

Psycho social counselling, legal assist, credit health and debt management, as well as managerial support services, are available from Monday to Friday, from 08:00 until 16:00. You can access any of these services by calling 0800 22 93 55 and selecting option 4 for Momentum Health4Me.

Will Health4Me give me a tax certificate?

Health4Me is an insurance product and the benefits are fully insured benefits. Health4Me does not give tax certificates to members, and members will not be able to claim tax credits on this product as they would in the case of retirement annuities or medical aid products.

What is covered under accident and emergency cover?

Accident and emergency cover	Emergency transportation, stabilisation and treatment cost paid in case of an accident that requires immediate medical treatment If the benefit limit is exceeded, and further treatment is required, the member will be transported to a State facility for further care An accident shall mean a medical emergency that is an external, unexpected event that is not traceable, directly or indirectly, to a member's state of mental or physical health prior to the event In the case of medical emergencies that do not fit the qualifying criteria, transportation, stabilisation and treatment at a State facility will be covered
Base option	Casualty benefit up to R30 000 per event In-hospital benefit up to R200 000 per event Emergency cover for heart attack and stroke up to R250 000 per event Covered at a private institution for accidents and emergencies that fit the qualifying criteria
Standard option	Casualty benefit up to R30 000 per event In-hospital benefit up to R1 000 000 per event Emergency cover for heart attack and stroke up to R500 000 per event Covered at a private institution for accidents and emergencies that fit the qualifying criteria



An accident can happen at any time and it is important that you know who to call if you are involved in an accident, and you need immediate medical treatment. You have cover for accidents that are external, unexpected events, such as burns, fractures or the breaking of limbs due to an accident. You will need to call us on 0860 10 26 03 to get authorisation for emergency medical treatment. For emergency ambulance transport, call Netcare 911 on 082 911. Based on your injuries, the ambulance staff will decide on the most suitable hospital to take you to. If you have an authorisation number, the hospital will send the account to us for payment. We will pay up to the benefit option per event limit for casualty treatment, and up to the benefit option per event limit for in-hospital treatment, provided that the treatment is linked to an accident that fits the qualifying criteria. You are not covered for injuries that happen while you are under the influence of alcohol, or for claims for self-inflicted injuries, as well as injuries that you get while breaking the law or participating in civil unrest.

Your emergency cover also includes a heart attack and stroke benefit. We will pay up to the benefit option per event limit for casualty treatment, and up to the benefit option per event limit for in-hospital treatment, if you have a heart attack or a stroke. If you are hospitalised at a private hospital, and the cost of your care exceeds the in-hospital treatment limit, and you need further treatment, you will be transported to a State hospital for further care.

Please check on your Health4Me membership certificate if you and your family (if included) have accident cover, and if you are on the Base or Standard option.

What is covered under the hospital cash and maternity lump sum benefit?

Hospital cash and maternity lump sum benefit	Daily benefit amount paid per day spent in hospital, paid from day 1, provided that hospitalisation is longer than 48 hours Maximum of R20 000 payable per member per year Maternity lump sum benefit payable to a member if hospitalisation is due to childbirth, irrespective of the number of days that the member has been hospitalised
Base option	R500 per day in hospital Maximum of 40 days payable per member per year R10 000 maternity lump sum benefit (a 12 month condition specific waiting period applies)
Standard option	R1 000 per day in hospital Maximum of 20 days payable per member per year R20 000 maternity lump sum benefit (a 12 month condition specific waiting period applies)

The hospital cash benefit pays you a daily benefit amount per day spent in hospital, provided that you are in hospital for more than two days. This benefit helps you to pay for any unexpected costs that you may have due to being hospitalised, such as transport for your family to visit you while you are in hospital, or to supplement your income due to time taken off from work.



This benefit pays a maximum of R20 000 per member per year, for conditions or events that lead to hospitalisation. We do not cover claims for hospitalisation due to self-inflicted injuries, psychological or psychiatric diseases or disorders, investigation of pain or pain-related conditions, or for hospitalisation due to procedures that a member chose to have done, that are not medically necessary, such as cosmetic surgery, abortion, infertility treatment, treatment of impotence or artificial insemination.

If you are hospitalised due to child birth, we will pay you a maternity lump sum benefit, irrespective of the number of days that you have been hospitalised, provided that you have been on benefit for more than 12 months.

Hospital cash and maternity lump sum benefit claims have to be submitted within four months of the claim event date (the 1st day of hospitalisation). If you do not submit your claim within four months of the claim event date, your claim will be rejected.

Please check on your Health4Me membership certificate if you and your family (if included) have the hospital cash and maternity lump sum benefit, and if you are on the Base or Standard option.

What is covered under the funeral benefit?

Funeral benefit	The funeral benefit will help pay for funeral expenses in the event of a death
Base option	<p>We will pay the following amounts for you and your family, if they are included on your membership, if the cause of death is as a result of natural causes:</p> <p>You, your spouse and children over 14 = R10 000 Children between 6 and 13 = R5 000 Children between 1 and 5 = R2 500 Children under 1 = R1 250 Stillborn babies past 28 weeks gestation = R750</p> <p>We will pay the following amounts for you and your family, if they are included on your membership, if the cause of death is as a result of unnatural causes:</p> <p>You, your spouse and children over 14 = R20 000 Children between 6 and 13 = R10 000 Children between 1 and 5 = R5 000 Children under 1 = R2 500 Stillborn babies past 28 weeks gestation = R1 500</p>



Standard option

We will pay the following amounts for you and your family, if they are included on your membership, if the cause of death is as a result of natural causes:

You, your spouse and children over 14 = R15 000

Children between 6 and 13 = R7 500

Children between 1 and 5 = R3 750

Children under 1 = R1 875

Stillborn babies past 28 weeks gestation = R1 125

We will pay the following amounts for you and your family, if they are included on your membership, if the cause of death is as a result of unnatural causes:

You, your spouse and children over 14 = R30 000

Children between 6 and 13 = R15 000

Children between 1 and 5 = R7 500

Children under 1 = R3 750

Stillborn babies past 28 weeks gestation = R2 250

The funeral benefit will help pay for the funeral expenses in the event that you, your spouse or one of your children passes away, if you have this benefit. The funeral benefit also includes a repatriation benefit, should you or your family, if they are included on your membership, pass away within South Africa or the neighbouring countries, Lesotho, Namibia or Mozambique, more than 100km from your normal place of residence. You will need to call Europ Assistance on 0860 00 42 98 for assistance with repatriation of mortal remains. If you pass away, the funeral benefit will be paid to your spouse or to the person responsible for making your funeral arrangements. If your spouse or one of your children passes away, the funeral benefit will be paid to you.

Funeral benefit claims have to be submitted within four months of the claim event date (the date of death). If you do not submit your claim within four months of the claim event date, your claim will be rejected.

Please check on your Health4Me membership certificate if you and your family (if included) have the funeral benefit, and if you are on the Base or Standard option.

How do I submit a hospital cash and maternity lump sum benefit or funeral benefit claim?

To submit a hospital cash and maternity lump sum benefit or funeral benefit claim, you can call us on 0860 10 29 03, or email us at health4me@momentum.co.za, and we will provide you with the relevant claim form. Once you have completed the claim form and have the documents we require as stated on the claim form, you can either email the documents to us at health4me@momentum.co.za, or fax the documents to us at 031 580 0500.

