

Focus on the hospital cash and maternity lump sum benefit

Hospital cash and maternity lump sum benefit	<p>Daily benefit amount paid per day spent in hospital, paid from day 1, provided that hospitalisation is longer than 48 hours</p> <p>Maternity lump sum benefit payable to a member if hospitalisation results in childbirth (live birth), irrespective of the number of days that the member has been hospitalised</p> <p>A total maximum of R20 000 per member per year is payable for the hospital cash and maternity lump sum benefit</p> <p>A 3-month waiting period applies</p>
Base option	<p>R500 per day in hospital</p> <p>Maximum of 40 days payable per member per year</p> <p>R10 000 maternity lump sum benefit (a 12-month condition specific waiting period applies)</p>
Standard option	<p>R1 000 per day in hospital</p> <p>Maximum of 20 days payable per member per year</p> <p>R20 000 maternity lump sum benefit (a 12-month condition specific waiting period applies)</p>

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 childbirth (live 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 first 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 they are included on your membership) have the hospital cash and maternity lump sum benefit.

Important definitions

Full day shall mean a continuous period of 24 hours.

Hospital shall mean an institution that:

- is licensed in accordance with the applicable terms of the jurisdiction in which it is located;
- is primarily engaged in providing, for compensation from its patients, diagnostic, medical and surgical facilities for the care and treatment of injured or sick persons;
- has one or more physicians available at all times; and
- has 24-hour-a-day nursing services by registered graduate nurses under permanent supervision of the physician in charge, maintains a daily medical record for each patient which is accessible to the medical doctor of the Insurer, but which is not (except coincidentally), any of the following:
 - a clinic, health resort, nursing home or similar institution, old age home, geriatric institution, an institution for the treatment of alcohol or drug addiction, a mental institution, a hydropathical clinic, a nature cure clinic or similar institution, a hospice or an institution for the long-term care of blind, deaf, mute, TB, HIV, cancer sufferers, terminally ill sufferers or any other disabled persons or home care.

Hospitalisation shall mean confinement of a member to a hospital for a continuous period of more than 24 hours.

Live birth shall mean the birth of an infant who shows postnatal evidence of life, including but not limited to breathing, the beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached.

The maternity lump sum benefit is only payable in the event of a live birth.

Documents required for the submission of claims

- Fully completed Health4Me hospital cash claim form.
- Proof of hospitalisation (hospital account) stating admission and discharge dates.
- Medical certificate by treating doctor, physician or specialist stating the reason for hospitalisation.
- Certified (by a commissioner of oaths) copy of the insured life's identity document, passport or birth certificate.
- Certified (by a commissioner of oaths) copy of the child's birth certificate (maternity lump sum benefit).
- Copy of the insured life's bank statement (not older than 3 months) or a cancelled cheque. Please note that ATM or internet statements are not acceptable.
- Additional information may be required.
- Please submit the completed and signed claim form and supporting documents, via email to health4me@momentum.co.za.

Important information regarding the submission of claims

- Formal written notification of a claim in respect of a benefit shall be lodged with Momentum within four months of the first full day of hospitalisation, failing which the claim shall not be admitted.
- All documentation required by Momentum, shall be lodged with Momentum within four months of the first full day of hospitalisation, failing which, the claim shall not be admitted.
- Should Momentum request any additional information or supporting documents over and above the standard, prescribed requirements, these must be provided to Momentum within four months of the first full day of hospitalisation, failing which, the claim shall not be admitted.
- Momentum will assess the claim and, on the satisfaction of the provisions of this policy, shall pay the benefit to the policyholder or such other person as the policyholder may direct in accordance with the provisions of this policy, within a reasonable time period of receiving all required documentation.

Hospital cash and maternity lump sum benefit policy exclusions

No Benefit will be payable for any claim if it is in any direct or indirect way caused by, related to, or as result of:

1. any nuclear reaction or nuclear radiation;
2. active participation in war, invasion, act of foreign enemy, hostilities or warlike operations (whether war has been declared or not), civil war, military uprising, military or usurped power, martial law, insurrection, rebellion or revolution;
3. active participation in any mutiny, riot or civil commotion that assumes the proportions of or amounts to a popular uprising;
4. any act of terrorism or action taken in controlling, preventing, suppressing or in any way relating to any act of terrorism, even if there are other causes or events that contribute to the claim at any stage. In this Policy terrorism means an act, the threat of an act, or any preparation for an act:
 - a. which may or may not involve violence or the use of force by any person or group (whether they are acting alone or on behalf of or in connection with any organisation, regime or any constitutional or practicing government);
 - b. that is, or appears to be, intended to intimidate, harm or influence any government, the public, or a section of the public, or to disrupt any segment of the economy; or
 - c. from its nature or context appears to be done in connection with political, social, religious, ideological or similar causes or objectives;
5. excessive use of intoxicating liquor, wilful inhalation of gas or taking of poisons, drugs or narcotics (except under proper medical direction);
6. any violation of the criminal law by the Member, or any event occurring whilst the Member is in violation of the criminal law;
7. mining or using explosives unless as part of an occupation for commercial purposes;
8. any hazardous activity, including but not limited to motorised racing/speed contests, speed trials, boxing (including kickboxing) or fighting of any kind, except in self-defence;

9. any risky or dangerous activities which, in the opinion of the Insurer, may expose the Insured Life to a higher than average risk of injury;
10. any procedure not medically necessary to maintain the Insured Life's health, which the Insured Life chose to have performed, including but not limited to cosmetic surgery, abortion, infertility treatment, treatment of impotence or artificial insemination;
11. any procedure linked to frail care;
12. attempted suicide or any self-inflicted injury, whether the Member is sane or insane, and whether by the Member's own hand or not;
13. psychological or psychiatric disease or disorder including, but not limited to, depression and post-traumatic stress disorder; or
14. the investigation of pain or pain-related conditions which include and are not limited to headaches and backaches, physiotherapy, bed rest, traction and spinal blocks.

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