

2020 Momentum Health contributions

Ingwe Option calculated contributions

Choose your **monthly income**

Choose your **providers**

Choose your **family composition**

Monthly Income	Providers			Family Composition					
	Hospital	Chronic	Day-to-day	1 Adult	2 Adults	2 Adults + 1 Child	2 Adults + 2 Children	2 Adults + 3 Children	2 Adults + 4 Children
<= R725	State	Ingwe Primary Care Network	Ingwe Primary Care Network	R439	R878	R817	R1 256	R1 634	R2 012
	Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R439	R878	R835	R1 274	R1 670	R2 066
	Any	Ingwe Active Primary Care Network	Ingwe Active Primary Care Network	R439	R878	R878	R1 317	R1 756	R2 195
R726 - R7 150	State	Ingwe Primary Care Network	Ingwe Primary Care Network	R719	R1 438	R1 107	R1 826	R2 214	R2 602
	Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R905	R1 810	R1 319	R2 224	R2 638	R3 052
	Any	Ingwe Active Primary Care Network	Ingwe Active Primary Care Network	R1 175	R2 350	R1 641	R2 816	R3 282	R3 748
R7 151 - R9 450	State	Ingwe Primary Care Network	Ingwe Primary Care Network	R824	R1 648	R1 221	R2 045	R2 442	R2 839
	Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R1 151	R2 302	R1 581	R2 732	R3 162	R3 592
	Any	Ingwe Active Primary Care Network	Ingwe Active Primary Care Network	R1 644	R3 288	R2 141	R3 785	R4 282	R4 779
R9 451 - R13 500	State	Ingwe Primary Care Network	Ingwe Primary Care Network	R961	R1 922	R1 377	R2 338	R2 754	R3 170
	Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R1 602	R3 204	R2 073	R3 675	R4 146	R4 617
	Any	Ingwe Active Primary Care Network	Ingwe Active Primary Care Network	R2 238	R4 476	R2 761	R4 999	R5 522	R6 045
R13 501 +	State	Ingwe Primary Care Network	Ingwe Primary Care Network	R1 661	R3 322	R2 160	R3 821	R4 320	R4 819
	Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R2 269	R4 538	R2 937	R5 206	R5 874	R6 542
	Any	Ingwe Active Primary Care Network	Ingwe Active Primary Care Network	R2 872	R5 744	R3 705	R6 577	R7 410	R8 243

All children are charged for

Ingwe Option individual contributions

Ingwe Option		Hospital	Chronic	Day-to-day	P	A	C
Monthly Income	<= R725	State	Ingwe Primary Care Network	Ingwe Primary Care Network	R439	R439	R378
		Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R439	R439	R396
		Any	Ingwe Active Primary Care Network	Ingwe Active Primary Care Network	R439	R439	R439
	R726 - R7150	State	Ingwe Primary Care Network	Ingwe Primary Care Network	R719	R719	R388
		Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R905	R905	R414
		Any	Ingwe Active Primary Care Network	Ingwe Active Primary Care Network	R1 175	R1 175	R466
	R7 151 - R9 450	State	Ingwe Primary Care Network	Ingwe Primary Care Network	R824	R824	R397
		Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R1 151	R1 151	R430
		Any	Ingwe Active Primary Care Network	Ingwe Active Primary Care Network	R1 644	R1 644	R497
	R9 451 - R13 500	State	Ingwe Primary Care Network	Ingwe Primary Care Network	R961	R961	R416
		Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R1 602	R1 602	R471
		Any	Ingwe Active Primary Care Network	Ingwe Active Primary Care Network	R2 238	R2 238	R523
	R13 501 +	State	Ingwe Primary Care Network	Ingwe Primary Care Network	R1 661	R1 661	R499
		Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R2 269	R2 269	R668
		Any	Ingwe Active Primary Care Network	Ingwe Active Primary Care Network	R2 872	R2 872	R833

All children are charged for

Evolve Option calculated contributions

Your providers

Choose your family composition

Your providers		Choose your family composition					
Hospital	Chronic						
Evolve Network	State	R1 294	R2 588	R2 588	R3 882	R5 176	R6 470

Maximum of 3 children charged for

Evolve Option individual contributions

Evolve Option	Hospital	Chronic	P	A	C
	Evolve Network	State	R1 294	R1 294	R1 294

Maximum of 3 children charged for

Custom Option calculated contributions

Choose your **providers**

Choose your **family composition**

Choose your providers		Choose your family composition					
Hospital	Chronic						
Associated	Any	R2 319	R4 149	R3 137	R4 967	R5 785	R6 603
	Associated	R2 106	R3 739	R2 850	R4 483	R5 227	R5 971
	State	R1 642	R2 884	R2 224	R3 466	R4 048	R4 630
Any	Any	R2 767	R4 988	R3 755	R5 976	R6 964	R7 952
	Associated	R2 496	R4 446	R3 403	R5 353	R6 260	R7 167
	State	R2 090	R3 667	R2 856	R4 433	R5 199	R5 965

Maximum of 3 children charged for

Custom Option individual contributions

Custom Option	Hospital	Chronic		P	A	C
Associated	Associated	Any		R2 319	R1 830	R818
		Associated		R2 106	R1 633	R744
		State		R1 642	R1 242	R582
Any	Any	Any		R2 767	R2 221	R988
		Associated		R2 496	R1 950	R907
		State		R2 090	R1 577	R766

Maximum of 3 children charged for



Incentive Option calculated contributions

Choose your **providers**

Choose your **family composition**

Choose your providers		Choose your family composition					
Hospital	Chronic						
Associated	Any	R3 301	R5 957	R4 534	R7 190	R8 423	R9 656
	Associated	R2 988	R5 365	R4 122	R6 499	R7 633	R8 767
	State	R2 141	R3 831	R2 962	R4 652	R5 473	R6 294
Any	Any	R3 732	R6 764	R5 186	R8 218	R9 672	R11 126
	Associated	R3 251	R5 860	R4 529	R7 138	R8 416	R9 694
	State	R2 658	R4 752	R3 709	R5 803	R6 854	R7 905

Maximum of 3 children charged for

Incentive Option individual contributions

Incentive Option	Hospital	Chronic		P	A	C
Associated	Any	Any	Total contribution	R3 301	R2 656	R1 233
			Risk contribution	R2 971	R2 390	R1 110
			Savings 10%	R330	R266	R123
	Associated	Associated	Total contribution	R2 988	R2 377	R1 134
			Risk contribution	R2 689	R2 139	R1 021
			Savings 10%	R299	R238	R113
	State	State	Total contribution	R2 141	R1 690	R821
			Risk contribution	R1 927	R1 521	R739
			Savings 10%	R214	R169	R82
Any	Any	Any	Total contribution	R3 732	R3 032	R1 454
			Risk contribution	R3 359	R2 729	R1 309
			Savings 10%	R373	R303	R145
	Associated	Associated	Total contribution	R3 251	R2 609	R1 278
			Risk contribution	R2 926	R2 348	R1 150
			Savings 10%	R325	R261	R128
	State	State	Total contribution	R2 658	R2 094	R1 051
			Risk contribution	R2 392	R1 885	R946
			Savings 10%	R266	R209	R105
			Annual Savings	R3 192	R2 508	R1 260

Maximum of 3 children charged for

Extender Option calculated contributions

Choose your **providers**

Choose your **family composition**

Choose your providers		Choose your family composition					
Hospital	Chronic						
Associated	Any	R6 244	R11 273	R8 011	R13 040	R14 807	R16 574
	Associated	R5 729	R10 341	R7 377	R11 989	R13 637	R15 285
	State	R5 033	R8 850	R6 513	R10 330	R11 810	R13 290
Any	Any	R7 101	R12 820	R9 138	R14 857	R16 894	R18 931
	Associated	R6 357	R11 477	R8 186	R13 306	R15 135	R16 964
	State	R5 713	R10 404	R7 392	R12 083	R13 762	R15 441

Maximum of 3 children charged for

Extender Option individual contributions

Extender Option	Hospital	Chronic		P	A	C		
Associated	Any	Any	Total contribution	R6 244	R5 029	R1 767		
			Risk contribution	R4 683	R3 772	R1 325		
			Savings 25%	R1 561	R1 257	R442		
			Annual Savings	R18 732	R15 084	R5 304		
			Threshold	R22 900	R20 000	R6 600		
	Associated	Associated	Total contribution	R5 729	R4 612	R1 648		
			Risk contribution	R4 297	R3 459	R1 236		
			Savings 25%	R1 432	R1 153	R412		
			Annual Savings	R17 184	R13 836	R4 944		
State	State	Total contribution	R5 033	R3 817	R1 480			
		Risk contribution	R3 775	R2 863	R1 110			
		Savings 25%	R1 258	R954	R370			
		Annual Savings	R15 096	R11 448	R4 440			
Any	Any	Any	Total contribution	R7 101	R5 719	R2 037		
			Risk contribution	R5 326	R4 289	R1 528		
			Savings 25%	R1 775	R1 430	R509		
			Annual Savings	R21 300	R17 160	R6 108		
	Associated	Associated	Associated	Total contribution	R6 357	R5 120	R1 829	
				Risk contribution	R4 768	R3 840	R1 372	
				Savings 25%	R1 589	R1 280	R457	
				Annual Savings	R19 068	R15 360	R5 484	
		State	State	State	Total contribution	R5 713	R4 691	R1 679
					Risk contribution	R4 285	R3 518	R1 259
					Savings 25%	R1 428	R1 173	R420
					Annual Savings	R17 136	R14 076	R5 040
			Threshold	R22 900	R20 000	R6 600		

Maximum of 3 children charged for

Summit Option calculated contributions

Your **providers**

Hospital	Chronic	Day-to-day
Any	Freedom-of-choice	Freedom-of-choice

Choose your **family composition**

R10 187	R18 334	R12 527	R20 674	R23 014	R25 354

Maximum of 3 children charged for

Summit Option individual contributions

Summit Option	Hospital	Chronic	Day-to-day	P	A	C
	Any	Freedom-of-choice	Freedom-of-choice	R10 187	R8 147	R2 340

Maximum of 3 children charged for

P = Principal A = Adult C = Child

On the Ingwe Option, all children are charged for.

On the Evolve, Custom, Incentive, Extender and Summit Options, a maximum of 3 children are charged for.