

MEDI BRIEF

AUGUST 2020

AGM report

On 6 August 2020, Anglo Medical Scheme successfully concluded its first ever virtual Annual General Meeting (AGM). The meeting was broadcast via Microsoft Teams and members successfully voted and participated digitally. The meeting was opened by Fiona Robertson, the Principal Officer, who noted a 100% increase in participation compared to previous years. Before handing over to the Chairman, the Principal Officer welcomed the representative from the Council for Medical Schemes, Mr Viaan Pullen, who had taken time out to join the 2020 AMS AGM and then introduced the Board of Trustees and Scheme Head Office Staff.

The Chairman, Colleen Elliott, declared the meeting duly constituted and reported the apologies and proxies received from members who could not attend. The minutes of the 2019 AGM were accepted without objection and confirmed as an accurate reflection of the proceedings. As there were no matters arising from the last meeting, she went on to acknowledge the impact of the Covid-19 pandemic on people around the world and how ill prepared most governments were to deal with the crisis, adding that members would be given a brief update at the end of the meeting. Turning to the 2020 Annual Financial Report, the Chairman reported that, in retrospect, 2019 had been a good year and that the Scheme had closed with a small surplus and a solvency of 465.5%. She reminded the meeting that the high levels of funding were a result of the employers prefunding the large pensioner population to keep Scheme contributions at market-related levels over the long-term. These funds were projected to last until the year 2045 and the Trustees remained confident that the Scheme would continue to provide for the healthcare needs of members into the foreseeable future. She noted members had received 15.6% more in benefits than they had paid in contributions in 2019.

Marius Jacob, the Head of InHouse Finance at the Scheme's Administrator Discovery Health, presented the 2019 financial results. Members were given the opportunity to ask questions on the AFS. As no questions were raised and the meeting accepted the proposal to reappoint PricewaterhouseCoopers as the Auditor for the ensuing year, the Chairman proposed the Annual Report be adopted by the meeting. Members confirmed this by way of an electronic vote in real-time and proceeded to elect Cas Badenhorst, Philip Laubscher and Nonhlanhla Payne as the new members of the Disputes Committee. The Chairman congratulated the new members and thanked the outgoing Disputes Committee for making themselves available during the previous term.

Lastly, the Chairman reported on Trustee fees before handing over to the Principal Officer to attend to questions submitted by members, namely Rob Penhall, Chris Murray and Dr Brian Brink. The questions raised had relevance to the entire membership and were responded to in detail which will be made available to all members in the next editions of MediBrief.

Members took advantage of the floor being opened to comment or ask further questions, after which, the Chairman thanked all for their participation and formally closed the Annual General Meeting. She handed over to Stephen Johnston, Head of Inhouse from Discovery who gave an insightful presentation on Covid-19 and its consequences on the country and on the Scheme.

Stephen framed the discussion by giving some background information on the international Covid-19 experience before showing the Discovery Health anticipated infection rate projection for South Africa, which was expected to peak through August and early September. He reported that the Country's healthcare system had so far coped well, and that hospital bed availability and ICU capacity had not been exhausted yet. Antibody testing was under way, as well as vaccine development, although experts expected vaccines only to be available around June/July 2021. Average hospitalisation costs for AMS Covid-19 cases were slightly higher than the Discovery Health Medical Scheme average, due to our members' higher average age. The cost of Covid-19 for the Scheme was expected to be between R119 to R152 million over the next 18 months, but he assured the members that AMS was well positioned to fund this. The overall Scheme benefit utilisation was lower than usual during the first six months of 2020 due to members delaying treatment and/or procedures during lockdown but was expected to increase again to more normal levels towards the end of the year. In closing, he emphasized that Covid-19 was a PMB benefit and AMS was fully compliant with providing these benefits.

The Scheme would like to thank all the members and guests who participated in the meeting. We appreciate having had the opportunity to provide feedback and engage with our members – especially in times of social distancing and isolation – and value your interest in the Scheme. Thank you also to those members who sent us their feedback and words of appreciation after the meeting.

The recording of the AGM is available for all members on the Scheme website. Log in as a member, navigate to "My Scheme" and then select "Annual General Meeting".

Spend less on medicine

Whether it's tough times or not – why would you spend more money than needed on medicine? Here are some reminders on how to save money when it comes to medicine.

Choose the generic vs the brand-name/originator drug

Generics are copies of branded drugs. They can be prescription or non-prescription drugs, chronic or acute medicine. The South African Medicine Control Council (MCC) requires that generic drugs have the same high quality, strength, purity and stability as brand-name drugs. They also perform post-registration testing to ensure quality, safety and efficacy over the entire shelf-life period of the product. The MCC inspects the manufacturing and packaging facilities of generic companies for compliance to international standards. This means that generics sold in South Africa will comply with good manufacturing practices.

Sometimes the generic looks slightly different to the branded drug, but the biggest difference is the price. Generic drugs can be produced at lower prices as they have not incurred the development costs of the originator drug. Once a patent for an originator drug expires, other manufacturers are allowed to produce the copy of the drug. In some cases it is even the same manufacturer producing the originator drug and its generic.

Choose a Scheme preferred pharmacy

(Standard Care Plan and Managed Care Plan)

To find a pharmacy near you that will not charge any additional fees, call us on 0860 222 633 or locate a pharmacy on our Scheme website. Scheme preferred pharmacies have been contracted to charge at the Scheme Reimbursement Rate. Value Care Plan members receive their medicine directly from their network providers.



We will SMS you to let you know about less expensive alternatives

Keep your and your dependants' cell phone numbers up to date with the Scheme. If you are at the pharmacy and the pharmacist claims a brand/originator drug on your membership number, we will SMS you and let you know if there is a cheaper alternative available. So, keep an eye on your phone before you pay.

Make sure that you advise the Scheme on all your dependants' cellphone numbers as we need to keep information relevant to the individual confidential and can only send a message directly to that person.

Letter of appreciation

Dear Anglo Medical Scheme,

I just wanted to let AMS know what incredible call centre staff you have. Every time I have called I have received such awesome service. It makes such a huge difference to talk to someone friendly, knowledgeable and compassionate. I am honestly so amazed after each experience.

Well done and thank you!!!

Kind Regards
Edite Mack

Visit www.angloms.co.za to learn more about your Scheme and benefits.

Find all previous MediBrief editions in the Info Centre > Knowledge Library.

Member Queries:

Value Care Plan: 0861 665 665, anglo@primecure.co.za

Standard and Managed Care Plan: 0860 222 633, member@angloms.co.za

Claims: claims@angloms.co.za