

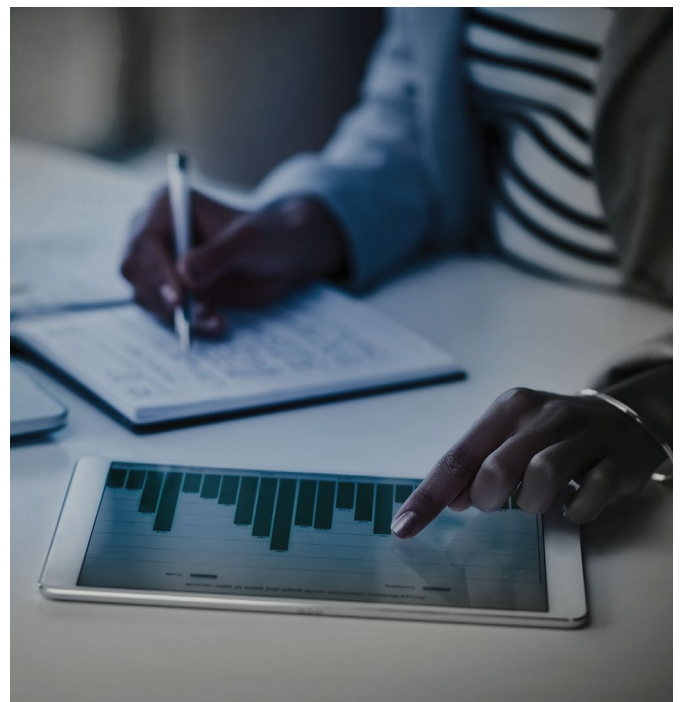
## AGM report back

On 24 May, we hosted our 54<sup>th</sup> Annual General Meeting. We thank those members who attended and appreciate your participation and interest shown in your Scheme. As the meeting was broadcast virtually, we reached many of you across the country and were pleased to be able to host a representative from the Council for Medical Schemes.

Our new chairman, Joe Coetzer, opened the meeting and reported on the Scheme's strategic review, the Boards' view on the implementation of the National Health Insurance (NHI) Bill and the impact the previous years' turbulences caused by COVID-19, global geo-political turmoil, and macro-economic and local uncertainties had on the Scheme's investment returns. The chairman reported that the Board had tasked the Investment Committee and actuaries to test their strategies against past experiences and future expectations. The Trustees believed that there is no imperative to change strategy at this point. Marius Jacobs, Deputy General Manager of Discovery InHouse Schemes, presented the highlights of the 2022 Annual Report, explaining factors contributing to the Scheme's results, namely the continued low claim patterns compared to pre-pandemic levels, its positive effect on the reserving ratio and the decreased investment returns during the year. The Scheme obtained an unqualified audit and the meeting reappointed PWC as the Scheme's Auditor. Members elected Mr Cas Badenhorst, Mr Philip Laubscher, and Mr Emmanuel Tivana to the Disputes Committee for the ensuing year. The Principal Officer responded to matters placed before her. These included information on the Long Term Funding model, the Scheme reserves' utilisation, the Scheme Reimbursement Rate, the Scheme's strategy, and the future.

Once the business of the meeting had been concluded, the Principal Officer answered further general member questions, two of which we are sharing with you on page 2.

To watch the recording of the AGM and the proceeding member question session, log in to the member area of the Scheme website, and go to "My Scheme > Annual General Meeting".



## Member feedback on the AGM

*Thank you for the virtual AGM on 24 May. For me, attending virtually is very convenient and gives the members insight into how Anglo Medical is managed administratively and financially. Thanks to you for answering all the questions so patiently and to Mr Joe Coetzer and all members of the Anglo Medical and Discovery teams for the hard work they put into organising the AGM. I would like to express my appreciation to Anglo Medical Scheme for taking care of me and my late husband since 1989 when I started working at Anglo American. When I phone the call centre or send e-mails, my queries are dealt with very professionally.*

*With thanks and best wishes*

*Vivienne Press, Johannesburg*

## Questions & answers from the AGM

***Does the National Health Insurance (NHI) [Bill] present any risks to AMS and/or its members, or the reserves, and if so, what steps have been taken to mitigate the risks?***

**Paraphrased answer as given at the AGM:**

"The Bill, as currently written, addresses the role of medical schemes in section 33. This is the only reference to the future role of schemes, wherein it stipulates that once the NHI is fully implemented through published regulations, medical schemes may only offer complimentary services not reimbursable by the NHI fund.

At this point, it is unclear what services will be provided and which will be complimentary. The intention is that the NHI package will ultimately be a comprehensive suite of benefits and the public should not need additional cover. Based on the advice sought, we think it may be phased in over time, starting with the most needed services such as primary care, maternity care, and nutritional services. If this assumption is correct, schemes will need to continue to provide some cover until the NHI is fully implemented.

The referral system may also need to be phased in incrementally as it is administratively complex. If a person does not follow the NHI referral pathway from primary care to secondary care and then finally tertiary care – similar to our Value Care Plan – he or she will not have access to the NHI benefits. It is unclear whether people may choose not to follow the referral system and continue to seek services outside of the NHI and, if so, if schemes may continue to provide benefits. There are many more areas where clarity is required, including the funding of the NHI. There is nothing in the Bill that expressly stipulates schemes will lose their reserves.

Until the Bill and the regulations are passed, it is not possible to understand the impact on members and schemes. In the meantime, Anglo Medical Scheme will stay fully engaged through industry bodies and our administrator, and will inform the membership of developments as they become known."

**NHI points to remember**

- Universal healthcare coverage for all is necessary and welcomed.
- The NHI Bill is not yet signed into law.
- Many aspects of the South African health system need to be improved for its NHI readiness. Many laws and regulations will need amending as well to align with the NHI.
- Implementing the NHI in its current proposed form will take years.
- There is no immediate threat to your Scheme nor changes to your current benefits.

**NHI information valid as of the date of the AGM. We will keep you informed about new developments as they impact the Scheme.**

***Why does Anglo reimburse members so little for dentistry? Surely dentistry is as important for general overall health?***

**Paraphrased answer as given at the AGM:**

"We believe members should see a dentist at least once a year as a basic preventative measure and the dental limits are designed to cover this cost through the Dental Risk Company (DRC). The Scheme does not provide for specialised dentistry, but it will ensure you have a functional set of teeth within the limit, even if it means dentures. All dental services obtained by Managed Care Plan members were paid through their medical savings account until 2014, after which, an additional standalone dentistry benefit was added, similar to the Standard Care Plan, to ensure that if members ran out of savings, they could, at least, have a basic dental check-up. Dental limits are difficult to increase without a significant impact on the contributions as most members make full use of the benefit. Therefore, for every rand the limit is increased, the contributions need to increase by almost the same amount. The question is, how much more are members willing to pay in contributions, or, would they prefer to pay for dental services from their pockets in a manageable way to keep contributions lower? A reasonably comprehensive dental benefit would cost an additional R6 000 to R7 000 per member per year, which is an extra 12% to 15% on top of the normal CPI-related contribution increase. We believe members are more sensitive to a contribution increase of around 20% than they are to paying for dental services out of pocket. However, this will be reviewed for 2024."

## Look out for your 2022/2023 tax certificate

Your Scheme tax certificate for the year ending 28 February 2023 will soon be on its way. Before we issue and dispatch it, please check that your current contact details are correct by logging into the Anglo Medical Scheme app or the member area of the Scheme website. You can also email us at [member@angloms.co.za](mailto:member@angloms.co.za), or call us on 0860 222 633.

**Do you have further questions on the articles in this edition? Contact us on the numbers and addresses listed here:**

**Member Queries:**

Value Care Plan: 0861 665 665 | [anglo@primecure.co.za](mailto:anglo@primecure.co.za) | Standard and Managed Care Plans: 0860 222 633 | [member@angloms.co.za](mailto:member@angloms.co.za)  
Claims: [claims@angloms.co.za](mailto:claims@angloms.co.za)

Visit [www.angloms.co.za](http://www.angloms.co.za) to learn more about your Scheme and benefits. Find all previous MediBrief editions in the Info Centre > Knowledge Library.