

Save the date: Virtual AGM scheduled for 21 May 2025

Our Board of Trustees invites you, our members across South Africa, to join us for the 56th Annual General Meeting, at 10am on Wednesday, 21 May 2025. The AGM will be hosted virtually as in previous years. Attendees can participate in reviewing the Scheme's 2024 Performance, adopting the Annual Financial Statements, and interacting directly with the Scheme's Trustees and Principal Officer. Further details and the official notice will be provided next month.

Disputes Committee: Nominations now open

At the AGM on 21 May 2025, members elect the Disputes Committee for the upcoming year. This committee plays a crucial role in resolving any disputes that may occur between members and the Scheme. The current committee members are all willing to be nominated again: Mr Bongani Bhengu, Mr Philip Laubscher, and Mrs Renita Naicker.

If you would like to nominate any of the current members, or if you, or someone you know, would be a suitable candidate, please send your nomination(s) to principalofficer@angloms.co.za by 7 May 2025 at the latest. Include both your membership number and the Nominee's, along with a brief explanation of why you believe the Nominee is a good fit. Nominees must be members of AMS. Trustees, members serving on Scheme Committees, administrator employees, and Scheme officers are not eligible to serve on the Disputes Committee.

Changes to Medical Aid Reporting to SARS

We would like to inform you about some significant updates to the medical aid data reporting requirements mandated by the South African Revenue Service (SARS), effective from 5 October 2024. These changes aim to enhance the accuracy of data reporting and ensure the correct allocation of medical tax credits. Here are the key updates that you should be aware of:

- 1. Reporting on disabled members and their dependants:** Medical schemes are now required to provide information about disabled principal members and their dependants. This change ensures that all relevant data is accurately captured and reported.
- 2. Data on persons making payments on behalf of members:** If someone else makes payments on your

behalf, their information must now be included in our reports. This helps maintain transparency and accuracy in our records.

- 3. Separation of allowable and non-allowable expenses:** Previously, expenses not covered by medical schemes were reported as claims not paid on the IT3(f) certificate. Going forward, these expenses will be distinctly categorised into allowable and non-allowable expenses, providing a clearer picture of your medical expenses.

Implementation Timeline

These changes are currently being applied and will be integrated for the 2024/2025 tax submission.

Scheme and benefit knowledge: Introducing Premier Plus GP and Health ID

You will have read in our Benefit Guide and in our new Managed Care Programme descriptions that members of the Standard Care Plan and Managed Care Plan can consult with a **Premier Plus General Practitioner (GP)** who might be using **HealthID** to access additional, condition specific benefits.

A Premier Plus GP is a general practitioner who is part of a national network of GPs, designed to provide coordinated care, supported by tailored condition management programmes.

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Here are some key points about Premier Plus GPs:

1. **Coordinated care:** They focus on managing chronic conditions such as diabetes, HIV, cardiovascular diseases (like hypertension and hyperlipidaemia), and major depression. This ensures patients receive comprehensive and continuous care.
2. **Enhanced digital tools:** Premier Plus GPs have access to advanced digital tools that help them monitor and manage their patients' health more effectively.
3. **Additional benefits:** Patients under the care of a Premier Plus GP can access extra health benefits and engagement programmes that support self-management of their conditions.
4. **Patient management fees:** Participating GPs receive a patient management fee for the continuous monitoring of patient outcomes and active management of their chronic conditions.

Find a Premier Plus GP by using the 'Find a Provider' tool on the AMS app, on www.angloms.co.za or call 0860 222 633.

HealthID is a secure, digital tool that allows doctors to view and manage their patients' health records. It integrates various health data sources, providing a comprehensive view of a patient's medical history, current treatments, and health metrics.



For more information on the Premier Plus GP or HealthID, chat to us on WhatsApp on **011 292 8797** or call us on **0860 222 633**.

Benefits of giving your doctor access to HealthID

1. **Comprehensive health records:** By giving your doctor access to HealthID, they can see a complete picture of your health history, including past diagnoses, treatments, and medications. This helps in making more informed decisions about your care.
2. **Improved coordination:** HealthID enables better coordination between different healthcare providers. If you see multiple providers, they can all access the same information, reducing the risk of errors and ensuring consistent care.
3. **Efficient management of chronic conditions:** For patients with chronic conditions, HealthID allows doctors to monitor your health more closely and adjust treatments as needed. This can lead to better management of conditions.
4. **Timesaving:** With all your health information in one place, there's no need to provide the same information to different doctors. This saves time and reduces administrative burdens.
5. **Data security:** HealthID is designed with robust security measures to protect your health information. Only authorised healthcare providers can access your data, ensuring your privacy is maintained.

By using HealthID, you and your doctor can work together more effectively to manage your health, leading to better outcomes and a more streamlined healthcare experience.

Thank you and farewell from the Scheme's Communication Manager

As I reflect on my time at Anglo Medical Scheme, I am filled with gratitude for the incredible journey over the past 12 years. It has been a privilege to serve as the Scheme's Communication Manager, engaging with so many of you. Your interactions and feedback have made my role both meaningful and rewarding. At the end of this month, I will be moving on to pursue new opportunities. While change is always bittersweet, I take comfort in knowing that Scheme communications are in the hands of a world-class team who will continue the work with passion and dedication.

To our members, I have particularly cherished connecting with you during year-end presentations, AGMs, and day-to-day interactions. Your active participation in shaping the Scheme has been truly inspiring. I don't know of another scheme with members so engaged and invested. I would also like to sincerely thank the Board members and Principal Officers who have served over the past 12 years for their leadership, trust, and support, as well as the dedicated and talented colleagues at our service providers, consultants, and participating employers, with whom I have had the pleasure of working.

Thank you for the incredible experiences and connections I have gained along the way. I will always cherish the memories and wish you all, as well as the Scheme, continued success in the future.

Best regards,
Judith Friese

Do you have membership or Scheme questions? Contact us on the numbers and addresses listed here:

Value Care Plan: 0861 665 665 | anglo@primecure.co.za | Standard and Managed Care Plans: 0860 222 633 | member@angloms.co.za and claims@angloms.co.za

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