

MEDI BRIEF

DECEMBER 2018

Year-end message from our chairman

In looking back over 2018, the predicted financial headwinds and sluggish SA economy all proved to be spot on! That aside, I am pleased to report that, in general, it has been a decent year for the Scheme. Once again, we expect to come in on budget and, in line with the long-term funding forecasts, the Trustees have been able to limit the contribution increases to the industry average for 2019.



2018 marked two important anniversaries: 2018 was the 50th anniversary of the Anglo Medical Scheme (first registered 16 October 1968) and the 20th year since the promulgation of the Medical Schemes Act (20 November 1998). Both dates marked times of uncertainty coupled with great expectation, and here we are again. It has been an extremely busy year for the Scheme, with the publication of the Draft Medical Schemes Act and National Health Insurance Amendment Bills followed by the draft report on the findings of the Health Market Inquiry in June, originally set up by the Competition Commission in 2014. Despite this industry turmoil, the Scheme has continued to remain true to its founding vision: to deliver exceptional service in the provision of quality benefits to its members, with superior personal care and attention – a legacy of which I am truly privileged to be a part. Looking through all the noise, the Scheme fully supports the concept of universal health coverage for all South African citizens and we remain positive that the private health sector will come out stronger and more competitive, with a good outcome for all medical scheme members.

South Africa's looming election and the global rhetoric have not assisted the recovery of the investment markets as had been hoped for and, consequently, our investment returns continue to fall short of the targets. Just short of being yet another milestone anniversary, 1999 marked the start of the Scheme's long-term funding philosophy and strategy and it is in periods like this that the deep value of this strategy is really felt, as evidenced by Scheme reserves remaining strong and currently at 473%.

Looking ahead, I think I can safely say we do indeed live in exciting times! The Trustees remain cognisant of the financial strain many of our members endure and they continue to make every effort to ensure that benefits remain competitive yet affordable. The 2019 benefits across all plans have remained unchanged; however, limits have been adjusted by a CPI-linked inflationary increase.

While our records do not extend far enough back to determine an exact start date, we sadly do have an end date: Medwyn du Bois retired from the Board of Trustees at the end of November, making him the longest-serving Trustee of the Scheme by many years. I am privileged to have known and worked with Medwyn for decades, both as a Trustee and in other capacities. Medwyn has served the Scheme unwaveringly with dedication and distinction and we wish him the very best in the next chapter of his life.

In closing, I wish you all the best for a safe, happy holiday period and a healthy 2019.

Best wishes

Colleen Elliott

Chairman

Your Board of Trustees and the Anglo Medical Scheme Head Office wish you all a safe and relaxing holiday season and a healthy, happy and prosperous 2019!

FAQ: “The post office still doesn’t deliver my Scheme correspondence reliably. I am worried I am missing information – what can I do?”

Ensure that we have your, as well as your dependants, cell phone number and email address. 99% of Scheme communication can be sent to you electronically. You will help the Scheme by reducing costs for printing and postage and your Scheme correspondence will reach you faster and more reliably. Call us on 0860 222 633 to update your contact details or go to the member area of the Scheme website.

Your thyroid – don’t let it be a ‘pain in the neck’!

The thyroid is a ‘small’ gland with a ‘big’ job, as it has an impact on all your cells, tissues and organs. It is only about 5 cm long and 2-3 cm thick but it’s a real super organ. It controls your body temperature, determines how quickly you burn calories and keeps your brain, heart, muscles and other organs in good working order.

What happens if this organ does not function properly anymore?

Women are more frequently affected with a thyroid disfunction than men. It is believed that 1 in 8 women might have a thyroid disorder during their life. Often these disfunctions appear right after pregnancy and menopause. The most common thyroid disorders are hypothyroidism and hyperthyroidism.

Hypothyroidism (underactive thyroid) is a condition where the gland doesn’t make enough thyroid hormones. This will slow down many of your bodily functions like, for example, your metabolism.

If you are affected by hypothyroidism you might:

- feel very tired and sluggish, be forgetful or suffer from depression
- feel cold when other people don’t
- gain weight even though your diet didn’t change
- have joint or muscle pain, muscle weakness, dry thinning hair, a slow heart rate
- more than usual menstrual bleeding.

An underactive thyroid is treatable through medication that supplies your body with the needed thyroid hormones. Possible causes of hypothyroidism are Hashimoto’s disease (an autoimmune disorder whereby the body attacks thyroid tissue), exposure to high amounts of iodine, radiation treatment of certain cancers, or the removal of your thyroid.

Hyperthyroidism (overactive thyroid) is a condition where your thyroid makes more thyroid hormones than your body needs, which speeds up your body functions like your heart rate and metabolism. You might notice the following symptoms:

- weight loss, even though your diet didn’t change (maybe you are even eating more than usual)

- rapid or irregular heartbeat or the feeling of your heart pounding
- trembling in your hands and fingers
- trouble sleeping
- feeling nervous, anxious or irritable
- feeling hot when other people don’t; increased sweating
- fewer and lighter menstrual periods.

An overactive thyroid is treatable through medicine that blocks your thyroid from producing too much of the hormone. Depending on your symptoms, your doctor could also put you on beta-blockers, which block the effects of the thyroid hormones on your body (for example, to achieve a slower heart rate).

Other forms of treatment could include radioiodine (a treatment that gradually shrinks your thyroid) or surgery to remove part or all of the thyroid.

Other disorders of the thyroid can be the harmless condition goiter (enlarged gland), thyroiditis (inflammation of the thyroid), thyroid nodules (swelling in one section of the gland) or life-threatening thyroid cancer.

If you suspect that you have a thyroid disorder, first consult your GP. Your GP will ask you about your symptoms, your general state of health and your family’s health history. Blood tests might be necessary to check your thyroid function. Should you be diagnosed, and a treatment is determined, stick to the recommended medication or procedure. Be patient while your body is adjusting to the treatment, observe your symptoms and keep your doctor informed about how you feel. Take your medication at the recommended time, store it in a cool, dry, dark place and don’t stop or change your dosage or medication without consulting your doctor. Don’t worry if you may have to take medication for the rest of your life – rather ensure and commit to enjoying a good quality of life and avoid other health issues that could develop if your thyroid isn’t working adequately.

Sources: womanshealth.gov, Endocrine.web, medicalnewstoday.com

MediBrief articles are not a substitute for professional medical advice, diagnosis or treatment. Always seek the advice of a qualified healthcare provider.

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