

BANK MED
AGM

2021

SUBMISSIONS (AS “NOTICES OF MOTIONS”), AND QUERIES SUBMITTED AT REGISTRATION, FROM MEMBERS, AHEAD OF THE AGM

1. What are the contribution increases and benefit changes for 2021?

The contribution increases and benefit changes for 2021 are being sent to the Council for Medical Schemes for review and approval. Bankmed will send communication to all members in due course.

2. Will Bankmed be introducing a hospital plan in 2021?

Bankmed will not be introducing a hospital plan in 2021. Bankmed has a low-cost plan called the Essential Plan which offers comprehensive Prescribed Minimum Benefit (PMB) hospital cover as well as out-of-hospital PMB benefits.

3. Why does Bankmed approve my chronic medication indefinitely, but I must submit my scripts and pathology reports during the year?

Although Bankmed authorises the benefit, your Healthcare Professional is required to assess your condition and provide you with a new script every six months. The Medicines and Related Substances Act applies, which Bankmed needs to adhere to.

4. Why does my GP need to refer me to a specialist on my Plan type?

GPs are considered to be key resources in the primary care space. Most issues can be attended to by a GP and where necessary, more serious cases are referred to a specialist. Bankmed also offers plans (amongst its six plans) where members have freedom of choice.

5. Why can't pensioners have flexible benefits?

The Medical Schemes Act prescribes that benefits may not be differentiated by age.

6. If a member dies, will their registered dependants still be covered?

Yes, without any break in membership and provided contributions are paid. It is important to inform Bankmed if one chooses to continue with cover. Such members are referred to as continuation members and one of the dependants (usually the surviving spouse, for example) will become the principal member.



7. May pensioners' contributions be less than that of other members?

No, contributions to a medical scheme may only be based upon a member's income, or their number of dependants, or both income and number of dependants.

8. May medical schemes determine the contributions of pensioners on their income immediately prior to retirement as a subsequent deemed income or salary?

Yes, unless proof of a reduced income is submitted to the Scheme. The onus is on the member to submit proof to Bankmed.

9. If I do not claim from my medical scheme, may I receive a refund or carry my benefits over to the next year?

No, the Medical Schemes Act prohibits the payment of dividends, bonuses, rebates or re-funding of any portion of contributions. Benefits may also not be carried over to the next financial year. Medical Savings Accounts on the other hand are carried over to the next year and paid out to members when they leave the medical scheme or choose another plan without a Medical Savings Account option.

10. On what basis may contributions vary?

- a. Only in respect of the cover provided. Different benefit options/plans are priced differently depending on the level of cover.
- b. Children may be charged a reduced contribution.
- c. As previously mentioned (point 7), contributions may only vary based on the number of dependants and the income band of the principal member.

11. Where do I go to lodge a complaint if claims are not paid timeously?

Any complaint must first be lodged with Bankmed. Written complaints would certainly be preferable, but Bankmed has dedicated telephone lines to handle everyday complaints and enquiries. Bankmed also has mechanisms in place to deal with members' disputes.

12. Where do I lodge a complaint if I am dissatisfied with a decision taken by the Scheme?

Should all efforts fail to resolve your issues, you can submit a complaint to the Council for Medical Schemes Complaints Unit. Complaints can be submitted by any reasonable means such as a letter, fax, e-mail or in person at the offices of the Council for Medical Schemes from Mondays to Fridays between 08:00 – 16:30. Please [click here](#) to lodge a complaint and to read more about lodging a complaint.

13. May credit balances in my Medical Savings Account be withdrawn in cash?

Only when you terminate your membership of the Scheme or a benefit option, and enrol on another benefit option or medical scheme without a Medical Savings Account, or you do not enrol with another medical scheme at all. The Act has certain restrictions applicable to the payment of credit balances in the Medical Savings Account. These restrictions also apply to the Accumulated Savings Account as the funds in the Accumulated Savings Account are funds from the Medical Savings Account that have been carried over from prior years.

14. May contributions be paid out of my Medical Savings Account?

- No, except on termination of membership.
- Funds in the Medical Savings Account may be used by the Scheme to offset any debt owed by the member which would include contributions.

15. Can co-payments in respect of PMB benefits be paid out of my Medical Savings Account?

No, the Medical Schemes Act specifically prohibits it.

16. Can a portion of my Medical Savings Account be transferred to my dependant's Medical Savings Account when he/she moves onto their own plan?

No, the Medical Savings Account is allocated at a principal member level and cannot be prorated or transferred to another Plan. The Medical Schemes Act specifically prohibits it.

17. Do I lose my Medical Savings Account if I don't spend it within the same benefit year?

No, the unspent Medical Savings Account is carried over to the next benefit year. You do not lose your Medical Savings Account that you have not spent.



18. Why are there limits to chronic medications and why do we need to use formularies or generics where possible?

Chronic benefits are limited to ensure that the Scheme remains sustainable for all members over a long period of time. Formularies and the use of generics is encouraged as this allows members to claim without co-payments and helps sustain the Scheme financially. Members are free to use medicines that fall outside of the formularies or generic lists but they will need to fund the additional costs from their own pocket.

19. Can Bankmed pay claims from companies that are not registered with the Board of Healthcare Funders?

No, the Medical Schemes Act specifically prohibits it.

20. How does the Scheme hold the Administrator accountable for service delivery?

Bankmed holds the Administrator accountable for service delivery in a number of ways, which include but are not limited to Service Level Agreements, penalty structures and member sentiment results. Bankmed tracks and monitors Service Level and Member Sentiment reporting in an effort to understand areas or processes that may need improvement. Both Bankmed and the Administrator are committed to continuous improvement and spend a significant amount of time analysing outliers.

Bankmed recognises the need to focus on member experience, process improvement and carries out an ongoing review on services and processes. Reporting is provided to the Board of Trustees which considers a holistic view of member experience, from exceptional to poor, with the intention of:

- Understanding complaints, with a vision to improve processes, procedures, communication and benefits
- Understanding what resulted in member experience excellence, and apply the learnings elsewhere
- Reflecting on some of the strategies and recommendations and what we have done, and are doing, to enhance the member journey

SUBMISSIONS AS “NOTICES OF MOTIONS”

#	Category and summary of submissions	Number of submissions	% of total submissions	Scheme response
1.	<p>Benefits: The submissions under this category included a range of requests or suggestions on benefits, changes and enhancements thereto, and views on the adequacy (or lack thereof) of some benefits.</p>	42	35%	<p>The submissions from members have been noted. The minutes of the 27 June 2019 AGM, with specific reference to the Benefit Design Process that was part of the AGM presentation, indicate that recommendations and suggestions from members are included in the benefit design review process every year. This is still the case. Bankmed, led by the Board of Trustees, continues to strive to find a balance between the adequacy of benefits and affordability considerations (amongst other considerations). The Board is also expected to protect the sustainability of the Scheme.</p> <p>Against the background given above, the suggestions and recommendations from members will be considered, but there are no guarantees about the suggested enhancements. Input from members is, obviously, always appreciated, and demonstrates that Bankmed members are engaged, and keen to make suggestions.</p> <p>Where some of the submissions from members can best be dealt with by contacting members individually, perhaps to make members aware of solutions that are already in place, that will be done.</p>
2.	<p>Pensioner: The submissions under this category included a range of requests or suggestions, including requests for discounts on pensioner contributions, removing pregnancy/confinement benefits and replacing this pathology and radiology limit increases, and doing away with pharmacy levies and co-payments for pensioners (amongst other similar requests).</p>	19	16%	<p>Bankmed is very sympathetic about the plight of pensioners. Other than the benefit of cross-subsidization, which already accrue mostly to pensioners, as demonstrated at the previous years' AGM presentations, there are limitations to what the Scheme can do. This issue has been addressed at previous AGMs. The Medical Schemes Act prohibits discrimination based on age i.e. contributions and benefits may not be differentiated based on age. Section 24(2)(e) of the Medical Schemes Act 131 of 1998 prescribes that medical schemes do not or will not unfairly discriminate directly or indirectly against any person on one or more arbitrary grounds including race, age, gender, marital status, ethnic or social origin, sexual orientation, pregnancy, disability and state of health.</p>

#	Category and summary of submissions	Number of submissions	% of total submissions	Scheme response
				<p>The Scheme intends to explore to what extent the lower cost benefit options can further cater for those who may have higher health care needs, and also exposed the most to affordability challenges. This is an ongoing effort. Pensioners (and members in general) are also encouraged to make the most of networks and/or designated service providers (DSPs), and choose generic medication as much as is practically possible (and clinically appropriate), to make available benefits last longer, and to avoid co-payments.</p>
3.	<p>General: The submissions under this category included miscellaneous queries/requests that were certainly not motions for consideration at the AGM. This included requests for replacement membership cards, replacement for “pill dispenser boxes”, queries about the chronic illness benefit (CIB), and other queries.</p>	14	12%	<p>Where some of these submissions could best be dealt with by contacting members individually, perhaps to make members aware of solutions that are already in place, that was done.</p>
4.	<p>COVID-19: The submissions included suggestions that bankers be given preference to receive vaccines, that Bankmed administers vaccines onsite at employer groups’ premises, that Bankmed procures vaccines and not wait for the government, that government executes the vaccine rollout properly, and that food allergies be considered in prioritizing members who must be vaccinated.</p>	10	8%	<p>These suggestions mean well, and are generally in favour of bankers. It has to be understood, however, that the national vaccination initiative is led by government, and the private sector stakeholders, including Bankmed, are collaborating with government with a view to achieving the national vaccination objectives, and this includes having eligible medical scheme members vaccinated as far as possible.</p> <p>Targeted initiatives aimed at rolling out vaccines onsite at employer groups’ premises are already being pursued, and the Banking Association of South Africa (BASA) is playing a commendable role to make this happen. Bankmed, together with other stakeholders in the financial services sector, are supportive of these initiatives. This is in addition to vaccination efforts spearheaded by Discovery Health, on behalf</p>

#	Category and summary of submissions	Number of submissions	% of total submissions	Scheme response
				<p>of Bankmed and other medical schemes administered by Discovery Health. Bankmed is deliberately leveraging its partnership with the administrator (and this was communicated to Bankmed members) in the best interest of the Scheme and its members.</p> <p>The complexity that is inherent in the national vaccination initiative requires patience. Members can rest assured that Bankmed (and fellow stakeholders in this journey) is doing everything possible.</p>
5.	<p>Networks: The suggestions or comments under this category included views about how restrictive the networks for the Basic and Traditional plans are, the fact that not all specialists practise at the network hospitals, and some suggestions on how the implications of the application of networks can be relaxed.</p>	6	5%	<p>The suggestions and comments submitted are consistent with the general feedback received from members about networks. The use of networks is one of very limited measures available to medical schemes and their members to contain costs (without compromising quality of care), and this is in all our best interest. The Scheme acknowledges the members' desire for less of the sometimes unpleasant implications of the use of networks. This is something that the Scheme always strives to respond to, but the Scheme must guard against defeating the very purpose of the use of networks. Obviously, network restrictions vary across the different options, so members are also able to choose benefit options with less network implications.</p>
6.	<p>Communication: The suggestions under this category included suggestions that Bankmed prohibits Discovery Health (DH) from contacting members regarding Prescribed Minimum Benefits (PMBs) and Chronic Illness Benefits (CIBs), that Bankmed disallows all communication containing the Discovery brand (irrespective of the type of communication).</p>	4	3%	<p>Bankmed has to send communication to its members. As part of administration services provided by Bankmed's administrator, Discovery Health has to, on behalf of the Scheme, assist with the delivery of communication to members. Such communication will include communication about PMBs and CIBs.</p> <p>Bankmed is protective of its brand, and would generally prohibit Discovery branded communication to the members of the Scheme. What has been suggested, therefore, is fully understood and appreciated, and Discovery strives to comply with the Scheme's requirements in this regard. However, the Scheme may sometimes choose to participate in Discovery-led initiatives, and such participation is always informed by the best interest of the members. Such initiatives may not be specific to any medical scheme, and communication in this regard will come from Discovery. An</p>

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				example of such an initiative is the vaccination journey initiative, whereby the Scheme chose to leverage the strengths of our partnership with our administrator to ensure our members receive the best possible experience on their journey to vaccination. A response to a related query further below reiterates this stance, and provides more details.
7.	<p>Contributions: The suggestions under this category included suggestions about discounting pensioner contributions, doing away with differential increases across the different plans, reducing pensioner contributions on retirement, and reviewing income brackets.</p>	4	3%	<p>The suggestions relating to pensioner contributions have been dealt with under item 2 above.</p> <p>The different benefit options have different profiles and perform differently, financially. The regulatory requirement for the different benefit options to be self-sustainable may be difficult to address if a one-size -fits-all contribution increase is applied to all benefit options. The differential contribution increases can therefore not be avoided.</p> <p>The income bands (or brackets), although they have not been adjusted for a while, are reviewed annually as part of the benefit design process. The decision not to adjust them is deliberate, and informed by considerations about the impact of adjustments, and a long-term view on income bands. It is important to note that regulatory deliberations on this matter include different perspectives about how income bands may be structured in future. The Health Market Inquiry also made some recommendations on income bands. Unfortunately, deliberations on regulatory matters take a while.</p>
8.	<p>Administration: The submissions under this category included suggestions that the Scheme does away with Discovery Health as the administrator, and that the extension of the DH contract be subjected to a vote by members.</p>	3	2%	<p>The suggestions in this submission are dealt with in a response to related and more specific queries in this regard further below.</p>

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9.	Eligibility of dependents and continuation	3	2%	This will be dealt with directly with the member(s).
10.	Erroneous submissions	3	2%	These submissions were erroneous and were justifiably ignored.
11.	Quality of care: The submissions included suggestions about hospital oversight, nursing oversight, and patient surveys.	3	2%	The suggested measures and interventions are already in place and ongoing. It is accepted that these may still be maturing, and this will continue, towards what is being suggested. Quality of care is an attribute that Bankmed attaches a lot of importance to.
12.	AGM: The submissions suggested that members should be allowed to freely interact at the AGM, and that all member questions at the AGM be answered at the meeting, and not afterwards.	2	2%	It was reported to members after the 2020 AGM that virtual meetings do come with some inherent limitations which impact on a more free-flowing interaction that members had come to enjoy at a normal AGM. In anticipation of this, Bankmed created more opportunities to invite questions from members ahead of the AGM, including encouraging members to ask questions at the time of registering to attend the AGM. These efforts have been maintained in 2021. Further, the Scheme has committed to the following: Questions raised at the AGM, to the extent that they relate to the specific agenda items for the AGM, will be addressed at the AGM. All other general or personal questions that do not relate to the specific AGM agenda items, which should best be responded to in writing, will be addressed in writing, and the questions and responses thereto will be published within seven (7) days after the AGM.
13.	Compliments	2	2%	Some compliments were received, and these were noted with great appreciation.
14.	Trustee Nominations	2	2%	This was dealt with directly with the member(s). The submissions on notices of motions are different to submissions on trustee nominations.
15.	Information about “pensioner trustee representatives”	1	1%	Information about all trustees is available on the Bankmed website, and all trustees are there for the best interest of all members.

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16.	Investments/Benefit options: The submission was a suggestion for Bankmed to consider introducing Shariah Compliant Arrangements, as has been done by Discovery Health Medical Scheme (DHMS).	1	1%	DHMS has temporarily suspended the Shariah Compliant Arrangement that was introduced for 2021. This is because the Council for Medical Schemes (CMS) did not approve the specific Scheme Rules that would enable the Shariah Compliant Arrangement. This suggestion, to Bankmed, has therefore been parked for future consideration.
17.	Plan upgrade	1	1%	This was dealt with directly with the member.
18.	Trustee Remuneration/Accountability: The submission was a suggestion for a performance bonus fund to be used by members during a vote to allocate to high performing trustees.	1	1%	The suggestion summarized in this submission is dealt with in a response to a related query in this regard further below.

QUERIES SUBMITTED AT THE TIME OF REGISTRATION

#	Query	Scheme response
19.	“Why no private sector vaccination sites in Mossel Bay?”	The national vaccination initiative is led by government, and the private sector stakeholders, including Bankmed, are collaborating with government with a view to achieving the national vaccination objectives, and this includes having eligible medical scheme members vaccinated, wherever they may be. The availability of vaccination sites across the different areas of the country, therefore, is not completely within the control of the private sector and medical schemes. But we are confident that there will be vaccination sites in Mossel Bay. Members are encouraged to take note of communication (which includes as much information as we can provide to you) on the vaccination initiative, register for vaccination, and be patient. We are committed to doing whatever we can to ensure that all our members who should be vaccinated are vaccinated.
20.	“Date of webinar?”	24 June 2021.
21.	“Discovery’s management of Bankmed.”	It is not clear what the question is in this regard, but it is important to note that Discovery Health (Pty) Ltd (generally referred to as Discovery) is contracted by Bankmed to render administration and managed care

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		<p>services. Discovery's performance is something that is monitored carefully by the Scheme, led by the Board of Trustees. This is very important to the Scheme because Discovery plays a critical role in the delivery of service to Bankmed members.</p>
22.	<p>"Bankmed is fantastic. Request Visibility Principle meaning publish details of doctors who send their accounts directly to Bankmed and who charge at Bankmed rates."</p>	<p>The compliment is noted with appreciation. The list of doctors on the Bankmed network is available on the Bankmed website. Members are free to contact Bankmed if they have any challenges finding such doctors.</p>
23.	<p>"Why was Bankmed's communication with its senior members regarding the vaccination process so sporadic and unsatisfactory? Where are we now with regards to the National Health Insurance (and the medical aid's reserve money)?"</p>	<p>We have tried to put together communication that we believed would be helpful to our members, and this was distributed to members as soon as relevant information was available to us, and when it made sense to update our members. We appreciate, however, there may still be some anxiety as a result of many questions that members may still have. Given the complexity that accompanies the vaccination initiative, this is understandable.</p> <p>National Health Insurance (NHI) continues to be a matter of great importance. The Scheme continues to stay close to this matter, and participates in industry deliberations, through the Health Funders Association (HFA) and Business Unity South Africa (BUSAs), contributing to such deliberations in a manner that is influenced by the interests of our members.</p> <p>The medical schemes' reserves continue to belong to medical schemes, and Bankmed (together with other stakeholders who have the best interest of medical schemes and their members) will strongly oppose any attempts/suggestions that present a threat in this regard.</p>
24.	<p>"How do I attend virtually? It will be my first time."</p>	<p>Information on how to attend the virtual AGM will be sent to all members who have registered.</p>
25.	<p>"Please send me the link to connect via Microsoft Chrome."</p>	<p>Information on how to attend the virtual AGM will be sent to all members who have registered.</p>
26.	<p>"Chronic medication covered on all plans."</p>	<p>Information on chronic medication benefits, and limits on the benefits, across the different plans, is available on Bankmed's website. If anything is unclear in this regard, members are encouraged to contact Bankmed and ask for assistance.</p>

#	Query	Scheme response
27.	“What is Bankmed doing to support its vulnerable members to be vaccinated?”	Bankmed, in partnership with its administrator, Discovery Health, is doing everything possible in this regard, and there is ongoing communication to members.
28.	<p>“I have already sent my questions as motions to be discussed, but in case my motions are denied, here is a list of questions: 1. Will Bankmed stop allowing Discovery to communicate with members directly? 2. Will immediate feedback be given on issues brought up at the AGM. I SEE THIS MOTION HAS ALREADY BEEN DENIED WITHOUT REFERRING TO MEMBERS!!! 3. Will Bankmed compensate trustees who go the extra mile? 4. Will Bankmed allow members to vote on the continuation of Discovery as a scheme manager?”</p>	<p>In the communication that was sent to members on 29 March 2021, we advised that <i>“Plans for phase two of the vaccine rollout are taking shape. In this regard, as alluded to in our previous communication, the partnership that we have with our administrator, Discovery Health, promises to stand us in good stead. Discovery Health is best placed to play a very active role in the vaccine rollout and Bankmed is onboard in the best interest of our members, and for the overall social good that our collaborative efforts will generate.”</i> We further advised that <i>“Bankmed is leveraging the strengths of our partnership with our administrator to ensure our members receive the best possible experience on their journey to vaccination.”</i> It is against this background that Bankmed mandated Discovery Health to communicate directly with our members, specifically on the vaccine rollout initiative. When the Board believes that it is no longer necessary for this to continue, and if the best interests of our members are no longer served by participating in this initiative, then the specific mandate given to Discovery Health will be withdrawn.</p> <p>The Scheme has committed to the following: Questions raised at the AGM, to the extent that they relate to the specific agenda items for the AGM, will be addressed at the AGM. All other general or personal questions that do not relate to the specific AGM agenda items, which should best be responded to in writing, will be addressed in writing, and the questions and responses thereto will be published within seven (7) days after the AGM.</p> <p>Trustees are paid in line with the policy that is included in the AGM booklet. At this stage, this makes no provision for additional compensation for trustees “who go the extra mile”. Agenda item 5 for the upcoming AGM will also require consideration and approval of what will be tabled as the proposed Trustee Fee increase for 2021/2022. The suggestion for special compensation for trustees who “go the extra mile” may potentially be considered under agenda item 5, or agenda item 6. The trustees may wish to have their collective view expressed at the meeting in this regard, to manage any possible perception about their thoughts on this matter. This can therefore be finalized at the AGM.</p> <p>The governance of medical schemes includes accountability to medical scheme members, and this is supported by certain responsibilities (as would be expressed in the Scheme Rules) being assigned to the Board of Trustees. The Board of Trustees is made up of 6 trustees who are elected by members, and 6 trustees appointed by the</p>

#	Query	Scheme response
		<p>top 3 employer group clients, and this is normal for a restricted medical scheme. The issue of the continuation of Discovery Health as the administrator of the Scheme falls within the responsibilities assigned to the Board of Trustees, and can therefore not be subjected to a vote at the AGM. Obviously, the Board has a duty to give due consideration to all sentiments expressed by members, and this is something that the Board does diligently.</p> <p>In a communication that was sent to members after the 2020 AGM, it was stated that the performance of the administrator in the delivery of services to the Scheme's members is something that is monitored carefully, including through monthly reporting to Scheme Management, reporting at every Board meeting, and an independent review of performance against service level measures. This remains relevant. It is acknowledged that there may be instances that are less than acceptable, resulting in unpleasant member experience. The Scheme pays attention to exceptions and outliers, as part of a commitment to continuous improvement, even when service level measures are met (which is generally the case).</p>
29.	<p>“Prices for medical aid are exorbitant and not having enough benefits (savings) for the money we pay is ridiculous. What are the plans in this regard? Bankmed is not as helpful. “</p>	<p>This point is fully appreciated. It is accepted that medical inflation has generally been above normal inflation, and the increase in benefits generally does not match the increase in contribution. This is a global challenge and not unique to South Africa, but this does not diminish how much of a problem this is. There are a number of factors that contribute to this, including demand and supply factors. This challenge was central to the task that the Health Market Inquiry (HMI) was entrusted with, and it is hoped that when the recommendations that emerged from that process are implemented, this will go a long way towards addressing the challenge.</p> <p>Bankmed continues to be committed to nurture better value for money in the design of, and the contribution for, our benefit offering. But the challenge that is central to the question raised has been persistent for many years, and hides the impact of efforts towards making good quality health care more affordable.</p> <p>Bankmed certainly always tries to enhance/maintain benefits (not decrease them), and contribution increases are always sensitive to affordability considerations (without threatening sustainability). Finding the right balance is always a challenge, but the Scheme is always conscious of all factors in this regard.</p>
30.	<p>“What are we doing about expanding the doctor network for those who want to use in-network doctors? How do we streamline processes with Bankmed</p>	<p>There are on-going efforts to contract additional doctors onto the network. However, despite all efforts to do so, the final decision lies with the doctor and many doctors opt to stay out of the network.</p> <p>On the four higher plans, application for chronic medication is a seamless, paperless process. The doctor or pharmacist has a direct provider line which they can call to obtain authorization.</p>

#	Query	Scheme response
	when dealing with chronic authorisation?"	For the two lower plans there are on-going efforts to streamline the process. Doctors can obtain authorization for chronic medication using HealthID (digitally) without having to print and fill in forms.
31.	"Is Bankmed looking at the possibility of sourcing the COVID-19 vaccine themselves on behalf of its members?"	The national vaccination initiative, and the sourcing of vaccines, is led by government. This imposes some limitations on what is possible. The private sector stakeholders, including Bankmed, are collaborating with government with a view to achieving the national vaccination objectives, and this includes having medical scheme members vaccinated, as far as possible. The closest we can get to what the question suggests is what we are already doing together with our administrator. Members are encouraged to take note of communication (which includes as much information as we can provide to you) on the vaccination initiative, register for vaccination, and be patient, while staying alert. We are committed to doing whatever we can to ensure that all our members who should be vaccinated are vaccinated. We are also ready to change our approach as things change.
32.	"Please disclose the salaries and remuneration of Board of Trustee members as well as the PO and other senior managers of Bankmed."	The disclosures in the Annual Financial Statement (AFS) are in line with the applicable financial reporting standards, and as required by the medical schemes' regulator. The disclosure includes the PO's remuneration and fees paid to Trustees (as required).
33.	"Please provide a comprehensive report on Investments. Why have we not received the AGM Notice , Trustees report and abridged AFS?"	As usual, there will be a presentation on investments at the AGM. The AGM booklet (including the AGM notice, the AFS and the Trustees' report) was sent to all members on 8 June 2021.
34.	"Why did Bankmed chose the most expensive administrator (Discovery)? Why so many restrictions? Cannot buy preventative medication, e.g.: Vitamins, Multi-minerals, Digestive enzymes? To name just a few."	Discovery Health is certainly not the most expensive administrator. The fact that access to good quality healthcare is generally costly is a global phenomenon, and is not because of Discovery. On the contrary, Bankmed's partnership with Discovery enhances Bankmed's efforts to nurture better value for money, as part of an ongoing commitment to make access to good quality healthcare more affordable. This is a real challenge for the healthcare industry throughout the whole world. Some of the measures available to medical schemes include using networks and/or designated service providers (DSPs). A medical aid offering can therefore not include everything that one may wish for, otherwise it may be more expensive.
35.	"I would like to find out if Bankmed is reviewing the claims or amount paid	Members are encouraged to use the networks because this can make their benefits last longer. The use of networks is one of very limited measures available to medical schemes and their members to contain costs, and

#	Query	Scheme response
	towards the service providers not on their network? Why are midwives fees not covered in full?"	<p>this is in all our best interest. Success in this regard requires members to embrace this effort. Payments to service providers outside of the network is reviewed on an annual basis.</p> <p>Midwives fees within the network are covered in full. The fees are covered at Scheme Rate if the midwife does not belong to the network.</p>
36.	"Medical aid keeps on increasing with above inflation yearly but benefits keep decreasing yearly what is going on here?"	<p>This point/question is fully appreciated. It is accepted that medical inflation has generally been above normal inflation, and the increase in benefits generally does not match the increase in contribution. This is a global phenomenon and not unique to South Africa, but this does not diminish how much of a problem this is. There are a number of factors that contribute to this, including demand and supply factors. Bankmed continues to be committed to nurture better value for money in the design of, and the contribution for, our benefit offering. But the challenge that is central to the question raised has been persistent for many years, and hides the impact of efforts towards making good quality health care more affordable.</p> <p>Bankmed certainly always tries to enhance/maintain benefits (not decrease them), and contribution increases are always sensitive to affordability considerations (without threatening sustainability). Finding the right balance is always a challenge, but the Scheme is always conscious of all factors in this regard.</p>
37.	"Is there anything the scheme is doing to ensure members can receive vaccines form allotted GPs?"	<p>Not at the moment. This is not within Bankmed's control. The national vaccination initiative is led by government, and the private sector stakeholders, including Bankmed, are collaborating with government with a view to achieving the national vaccination objectives, and this includes having medical scheme members vaccinated, as far as possible. Members are encouraged to take note of communication (which includes as much information as we can provide to you) on the vaccination initiative, register for vaccination, and be patient. We are committed to doing whatever we can to ensure that all our members who should be vaccinated are vaccinated. However, we cannot at this stage create any expectations about our ability to facilitate availability of vaccines via GPs. Obviously if things change, the Scheme will be ready to change its approach, always influenced by the best interests of the members.</p>
38.	"Address for attendance."	<p>The AGM will be held virtually in 2021, similar to how it was held in 2020. Information on how to join the meeting will be sent to those who have registered to attend.</p>



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Bankmed App