



2019 Benefits Roadshow

Agenda

- ✦ Bankmed Value Proposition
- ✦ Industry Matters
- ✦ Bankmed Financials
- ✦ 2019 Contribution Increases
- ✦ Plan Structure
- ✦ 2019 Benefit Enhancements
- ✦ 2017 Health Quality Assessment Results
- ✦ Pensioner Data
- ✦ Client Management
- ✦ Communications Overview
- ✦ Q&A





Bankmed Value Proposition

Wisdom gained
over time has
allowed us to
build a solid
platform
that delivers
real value

Over 100 years of success comes from not only being able to predict what the future holds for our Employer Groups and members, but also for this solid platform and this unshakeable partnership

New opportunities and **new** challenges lie ahead and it is imperative that we **understand** the value of **strengthening our partnership** – both for **our members** and for your **business**

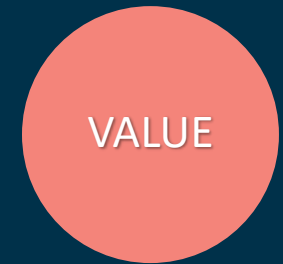
You get more value

As a Bankmed member
you are currently
**better off financially by
an amount of
35% of contributions**
versus if you were to join the
average open medical scheme



What does that mean?

An open scheme plan that offers you the same level of benefits as Bankmed will cost you more. How much more depends on the Plan that you are on, but for an average Bankmed member, you would pay 35% more in the open scheme market.

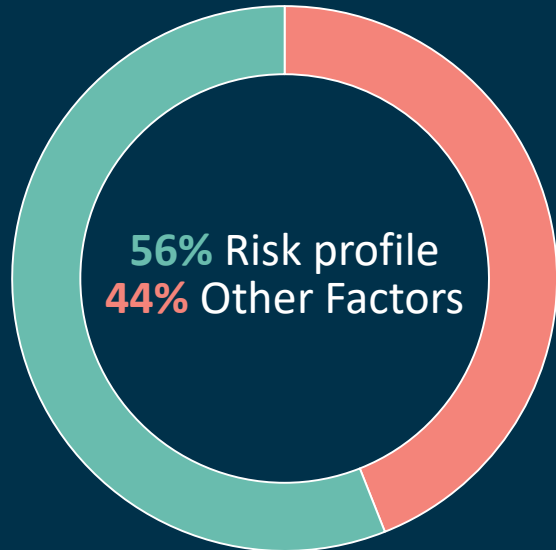


Essential Plan			44%
Basic Plan			7%
Core Saver Plan			17%
Traditional Plan			66%
Comprehensive Plan			48%
Plus Plan			26%
			35%

Results expressed as a % of Bankmed contributions

How is this value created?

The major reason for the differential in financial value of 35% is the difference in the member risk profile of Bankmed versus the average open medical scheme



Bankmed members:



Are generally healthier as a result of the compulsory nature of membership



Are generally younger



Have generally opted for benefit options that provide more comprehensive cover

We're rated AA+

For the past 8 years,
Bankmed has received an
AA+ Global Credit Rating.

We are one of only two South African
medical schemes to achieve this rating
and the only closed scheme

What does this mean?

This is a measure of the
Scheme's financial
soundness
– our ability to pay claims

Child Dependants | Contribution Rates

A benchmarking analysis was undertaken to compare the contribution rates charged by Bankmed for child dependants to those of other schemes in the market. The results (with child contributions expressed as a percentage of principal member contributions) are shown in the table below.

Contribution Ratio: Child	Bankmed	DHMS	CAMAF	OMSMAF	Nedgroup	Profmed
Essential	25%	40%	51%	25%	34%	39%
Basic	25%	27%	49%	36%	34%	39%
Core Saver	25%	40%	47%	26%	33%	39%
Traditional	25%	40%	66%	31%	23%	39%
Comprehensive	25%	20%	53%	31%	23%	39%
Plus	25%	19%	54%	32%	24%	30%

The table shows that:

- Bankmed uses a flat 25% multiplier across all of its Plans, whereas most other schemes show some differentials across their plan ranges;
- Most of the comparator schemes have slightly higher rates than Bankmed, with only Nedgroup’s upper plans being around the 25% mark used by Bankmed

We're not going
anywhere

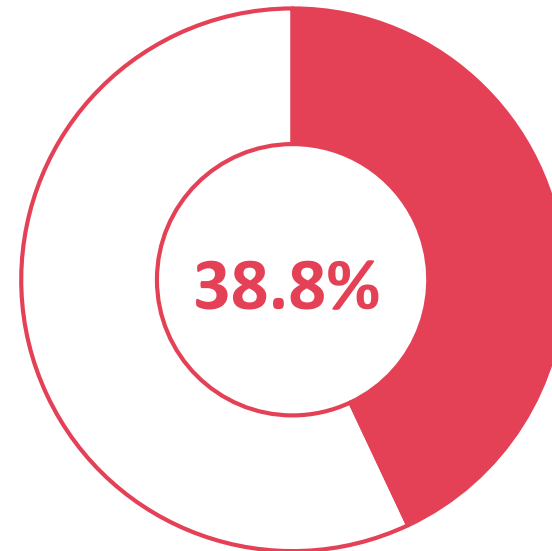
We've been established for
more than **100 years**
- we've
weathered the storms
and are still going strong

Solvency ratio: 2017

2017 Council for Medical Schemes Annual Report

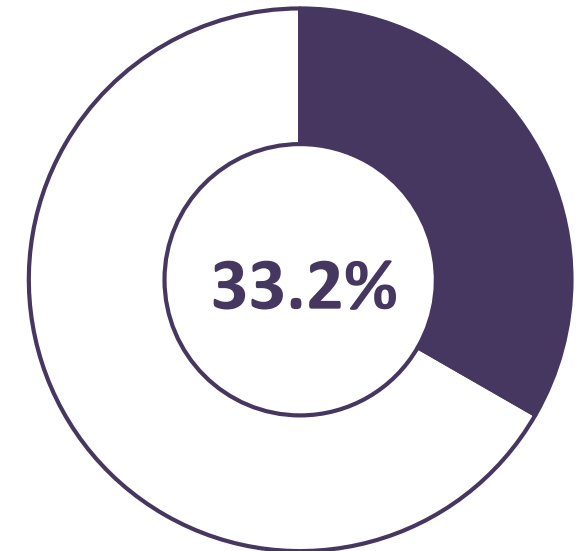
 **Bankmed**

Industry average



2016: 40.1%

VS



2016: 31.6%

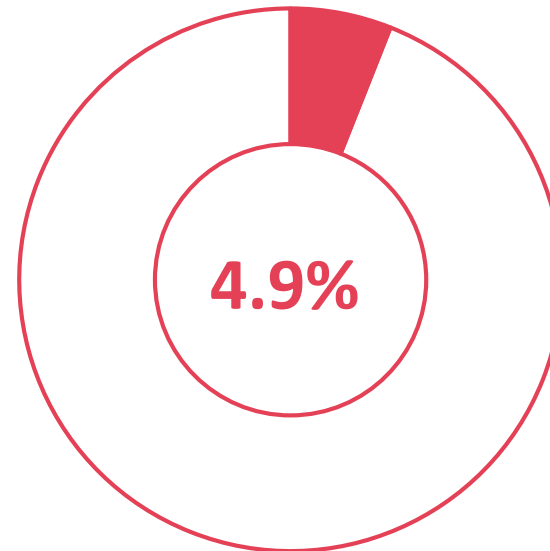
Your money is spent on you

Non-healthcare costs 2017

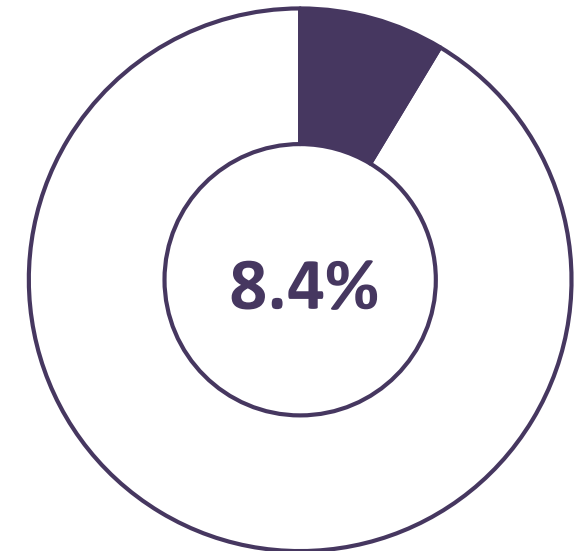
Non-healthcare expenses are the costs associated with running the Scheme e.g. administration and general administration expenses

 **Bankmed**

Industry average



VS

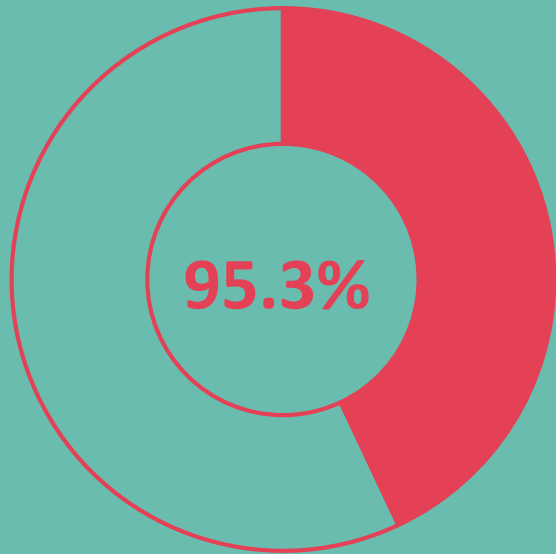


2016: 6%

2016: 8.6%

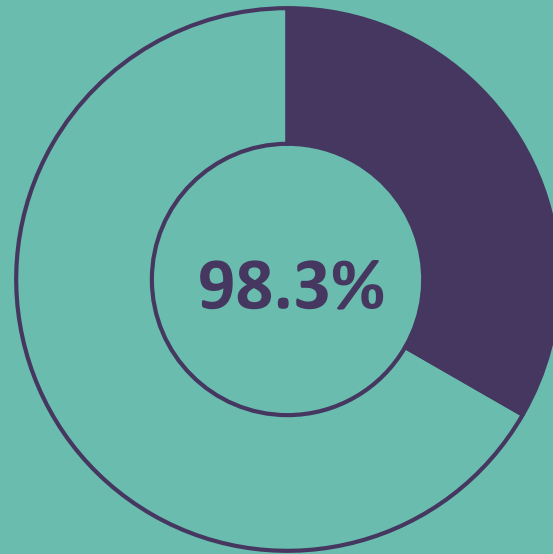
Claims Ratio

2017



VS

YTD July 2018



We're not going anywhere

We have six different Plan types, ensuring
that there is a Plan to suit everyone's
needs

Low to high healthcare needs
and affordability

***You get to choose the
Plan type
that best suits you***





Industry Matters



Health Market Inquiry (HMI)

Health Market Inquiry Interim Report: Main Findings: Bankmed your good health

The interim report highlighted a number of features including several market failures about the current healthcare environment. These features include the following:

- ✦ High and rising costs of healthcare and medical scheme cover
- ✦ Highly concentrated funders' and facilities' markets
- ✦ Disempowered and uninformed consumers
- ✦ A general absence of value-based purchasing
- ✦ Ineffective constraints on rising volumes of care
- ✦ Practitioners that are subject to little regulation
- ✦ Failures of accountability at many levels

Overall, the Health Market Inquiry (in the interim) recommended:

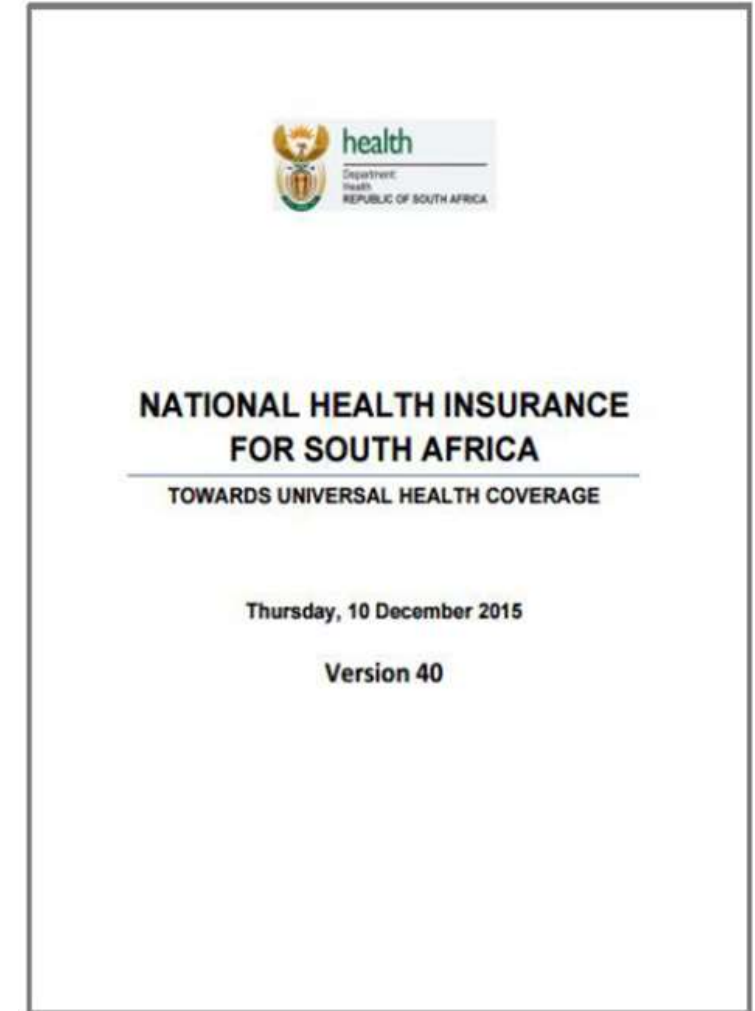
- ✦ Changes to the way scheme options are structured to increase comparability between schemes and increase competition in that market
- ✦ A system to increase transparency on health outcomes to allow for value purchasing
- ✦ A set of interventions to improve competition in the market through a supply side regulator



National Health
Insurance (NHI)

Understanding the Implications of NHI

- ✦ On Thursday, 21 June 2018, Health Minister Aaron Motsoaledi released the draft National Health Insurance and Medical Schemes Amendment Bill for public comment
- ✦ Bankmed welcomes the release of these bills as it presented an opportunity to interrogate the details and respond appropriately
- ✦ The main focus of the NHI Bill is the establishment of the National Health Insurance Fund that aims to achieve sustainable and affordable universal access to health services
- ✦ The Medical Schemes Amendment Bill seeks to amend the Medical Schemes Act, 1998 (Act No. 131 of 1998), in order to align with the National Health Insurance White Paper and National Health Insurance Bill



- ✦ The inequalities in access to quality healthcare services for all South Africans is a major concern for all South Africans
- ✦ The Scheme's stance is strongly informed by the interests of its members
- ✦ This can co-exist with embracing the objectives of the pursuit of universal healthcare coverage
- ✦ Bankmed is fully engaged in industry discussions aimed at influencing how the healthcare landscape changes, and strongly believes in a greater role that medical schemes can continue to play into the future
- ✦ It is also acknowledged that there are some features of the current healthcare environment which have to change, to protect sustainability and enhance affordability (amongst other considerations)

Phase 1

2012 to 2017, included testing of effective health system strengthening initiatives

Phase 2

Will be for a period of five years from 2017 to 2022

- ✦ Continue with the implementation health system strengthening initiatives, including the alignment of human resources
- ✦ Include the development of National Health Insurance legislation
- ✦ Include the undertaking of Initiatives which are aimed at establishing institutions that will be the foundation for a fully functional Fund
- ✦ Will include the interim purchasing of personal healthcare services for vulnerable groups such as children, women, people with mental health disorders, people with disability and the elderly

Phase 3

Will be for a period of four years from 2022 to 2026 and will include:

- ✦ The continuation of Health systems strengthening activities on an ongoing basis
- ✦ The mobilisation of additional resources as approved by Cabinet
- ✦ The selective contracting of healthcare services from private providers

- ✦ Ministerial Advisory Committee on health care benefits for National Health Insurance
- ✦ National Health Service Pricing Advisory Committee
- ✦ National Advisory Committee on consolidation of financing arrangements
- ✦ Ministerial Advisory Committee on health technology assessment for National Health Insurance





Bankmed Financials

Financials

- ✚ The Financial Mechanics of Bankmed
- ✚ The Two Key Financial Ratios
- ✚ Bankmed's Reserve Management Strategy
- ✚ Bankmed's Investments
- ✚ MSA
- ✚ Summary



The Financial Mechanics of Bankmed

What comes in to the Scheme?

GROSS CONTRIBUTIONS RECEIVED
(incl savings)

LESS: SAVINGS CONTRIBUTIONS

NET CONTRIBUTIONS INCOME

RELEVANT HEALTHCARE CLAIMS EXPENDITURE

INSURED HEALTHCARE CLAIMS
(Non Savings)

RISK TRANSFER ARRANGMENT
PREMIUMS

MANAGED CARE EXPENDITURE

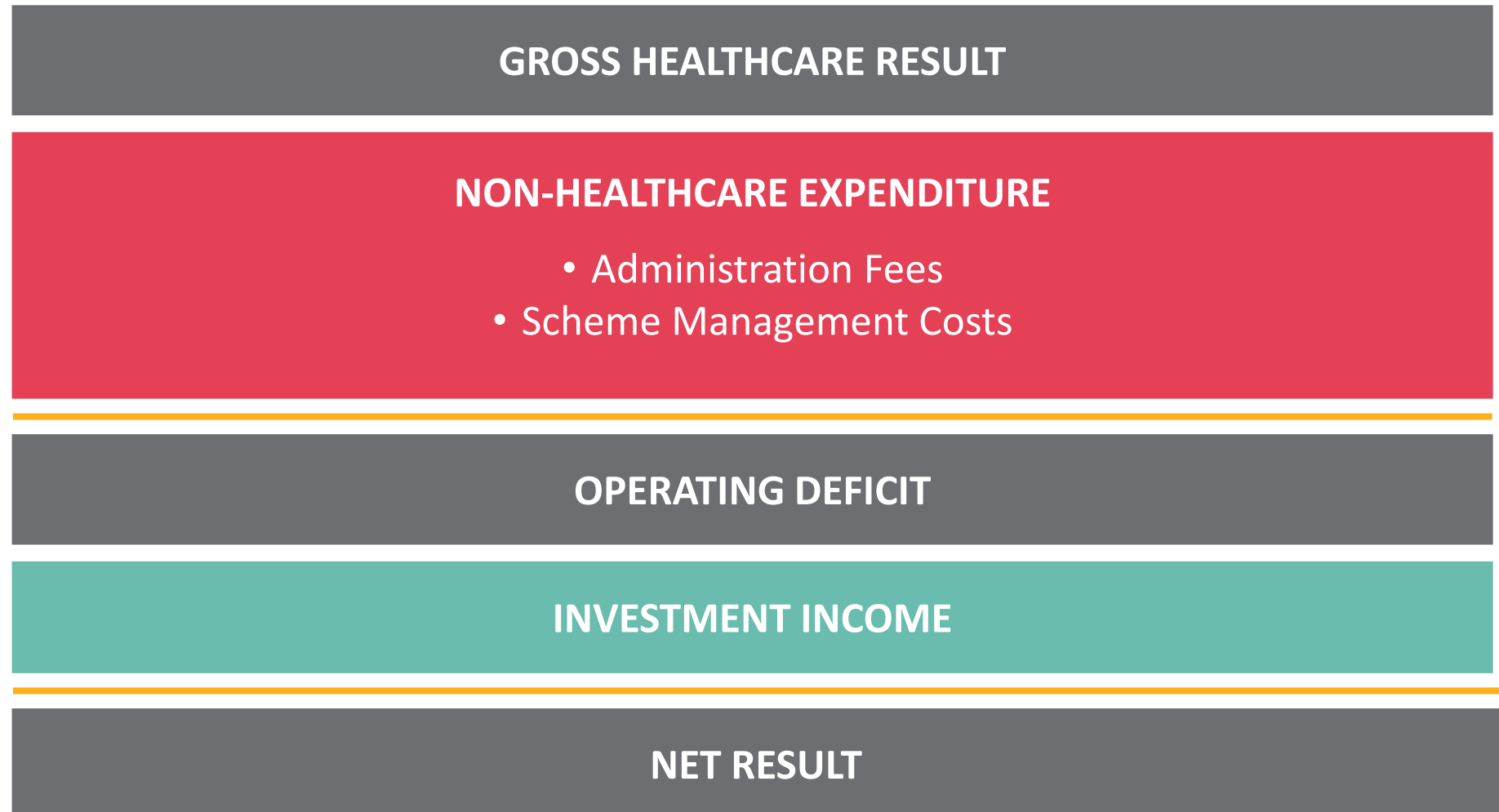
Hospital Costs
Doctors
Medication etc.

Premiums to provider who then commits to cover certain healthcare expenditure for the year

Fees paid to service providers who conduct managed care initiatives in order to contain healthcare costs

What is paid from the Scheme on Medical Costs?

The Financial Mechanics of Bankmed



What is paid by the Scheme on Administration Costs (Delivery Costs)?

Value to Members

Reserves at Work

The Two Key Financial Ratios

Reserve Ratio

- ✚ **Accumulated Reserves / Annual Contributions**
- ✚ Key indicator of financial health, with statutory minimum of 25%
- ✚ Balance between sufficient reserves and using excess reserves to the benefit of members

Operating Ratio

- ✚ **Operating Deficit / Annual Contributions**
- ✚ Incur operating losses to the benefit of members which investment income must cover



Reserve Management Strategy

- ✦ To **maintain** the required level of **reserves** to ensure **long term** financial **sustainability** of the Scheme
- ✦ Bankmed's required reserve ratio is between **35%-40%**
- ✦ The upper end of **required reserve ratio** was reached at the end of **2017**, at **38.8%**
- ✦ The actuarially forecasted reserve ratio as at the end of **2018** is **38.5%**
- ✦ The budgets for the years thereafter will be aimed at stabilising the reserve ratio at approx. **38%**



Reserve Management Strategy

Year

Ratio

2014	46.3 %
2015	42.5 %
2016	40.1 %
2017	38.8 %
2018 (forecast)	38.5 %
2019 (budgeted)	37.6%



Reserve Management Strategy

- ✦ **2013 to 2015: 4.5%** operating **deficit** ratio budgeted for
- ✦ **2016: 2.5%** operating **deficit** ratio budgeted for
- ✦ **2017: 1.5%** operating **deficit** ratio budgeted for
- ✦ **2018: 0.2%** operating deficit budgeted for
- ✦ **2019: 0.9%** operating deficit ratio budgeted for, with the approved benefit enhancements and contribution increases for 2019
- ✦ **Strategy:** Achieve a close to **break-even** operating position until investment **returns improve**



Bankmed's Investments

- ✦ YTD August: **R2.96bn** reserves invested
- ✦ Two multi-asset managers **INVESTEC** and **PRUDENTIAL** and one Money Market manager **TAQUANTA**
- ✦ Overall **benchmark**, related to medical inflation, amounts to **CPI + 3.5%** over a rolling 3-year period
- ✦ Due to domestic **economic** conditions, **political** landscape and international economic events, the **benchmark** has **not** been **attained** over the last 3 years
- ✦ Bankmed's **Investment Committee closely monitors** the performance of the individual investment managers, and the overall **investment strategy** of the Scheme



Members Savings Accounts



Applies to the Core, Comprehensive and Plus options only



Consists of contributions paid by members which are allocated to a members savings account, and held there to settle certain healthcare costs that aren't paid from insured benefits



Although the member pays monthly contributions in this the regard, Bankmed offers the total annual benefit for utilisation as at 1 January



Bankmed's generosity in this regard sometimes leads to the creation of member debt to the Scheme, in the form of savings claw-backs



This occurs where a member utilises all of the annual savings allocation before the end of the year, and then resigns from the Scheme before the end of the year. This results in the remaining savings contributions for the year, being owed to the Scheme by the member



A Constitutional Court Judgement in June 2017, gave rise to CMS circular 56 of 2017, prescribing that members savings funds were no longer considered funds that belonged to members, and no-longer had to be treated as “trust funds”



The Circular also stipulated that a medical scheme was, therefore, no longer obliged to pay the interest earned on medical savings funds to the members



Before 2011, when it became compulsory for schemes to pay all interest earned on members savings accounts to the members, Bankmed used to pay 50% of the interest earned on the funds to the members



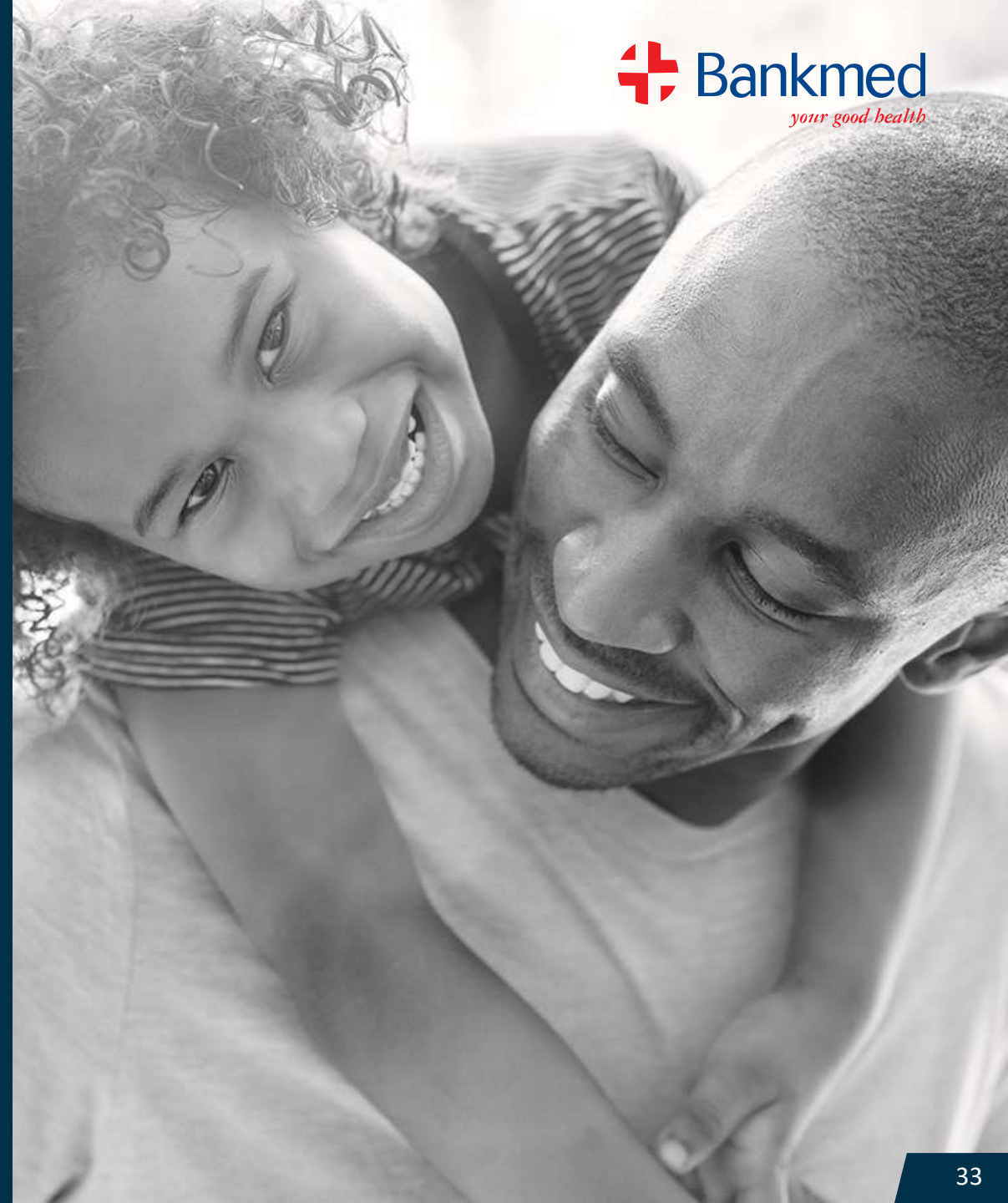
Bankmed has reverted to the previous practice, and as of January 2018, allocates 50% of the interest rate earned on the schemes money market portfolio to the members



The interest is calculated on a monthly basis , but credited to the members savings accounts once annually

Summary

- ✦ To keep **contribution increases low** while maintaining **rich benefits**, the Scheme needs to run sustainable **operating deficits**
- ✦ To run **sustainable deficits** the Scheme's reserves need to produce **optimized** investment **returns**
- ✦ Investment returns must be sufficient to **cover operating deficits** (if any) and **grow reserves** adequately to keep the **Reserve Ratio stable**
- ✦ During times when **investments** are **performing poorly**, a Scheme has to generate **savings elsewhere**



Conclusion

- ✦ Regardless of low investment returns, Bankmed has **performed well** enough over the past few years, to maintain **stable contribution increases**
- ✦ This has been achieved by **savings** generated on **claims expenditure** via effective managed care initiatives and **favourable provider tariff negotiations**
- ✦ Overall, Bankmed is well managed and **financially sound**, which is confirmed by its **AA+ credit rating**



2019 Contribution Increases

Weighted Average
Contribution Increases
2016 - 2019:
Other Medical
Schemes

MOMENTUM

2016	:	8.9%
2017	:	11%
2018	:	8.3%
2019	:	10.7%

CAMAF

2016	:	8%
2017	:	10.7%
2018	:	7.7%
2019	:	10.7%

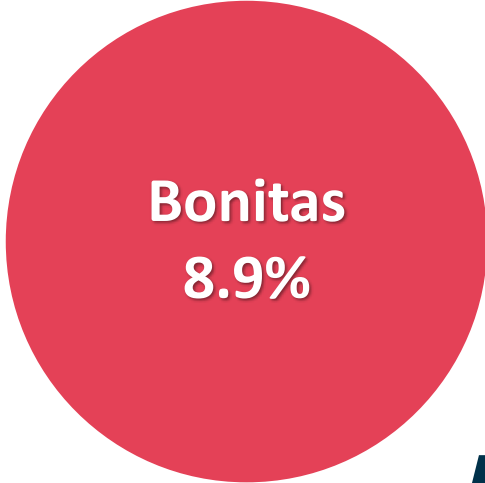
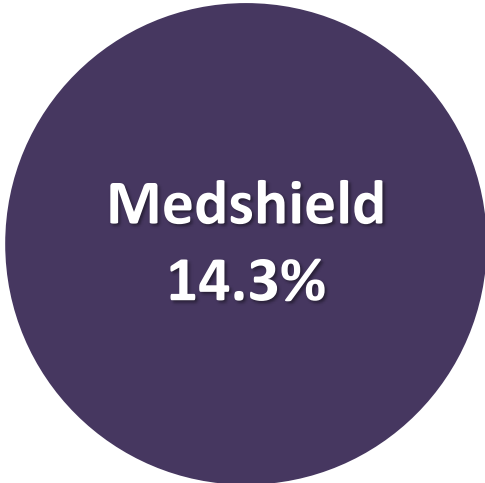
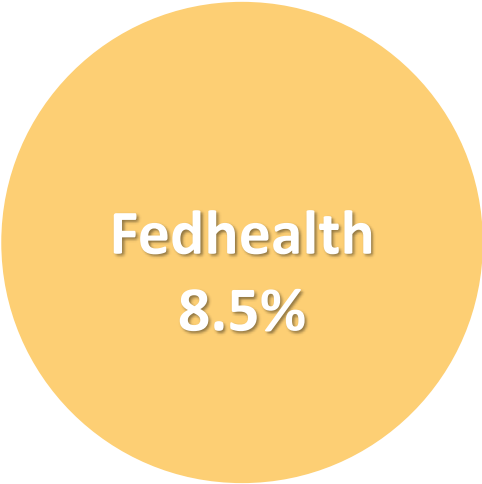
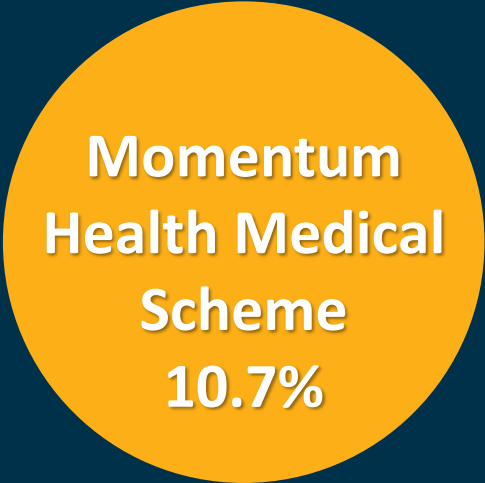
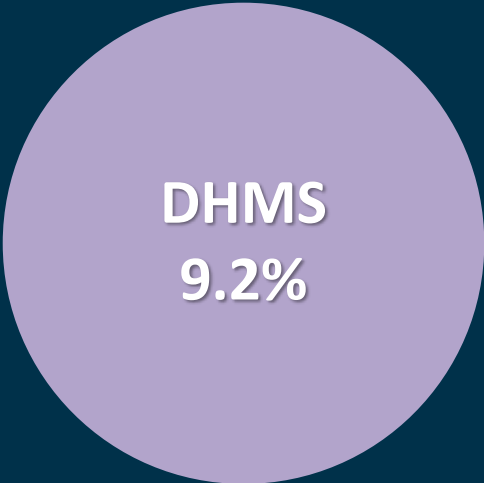
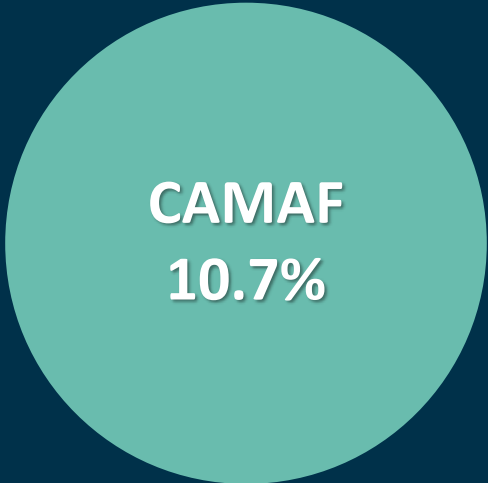
BONITAS

2016	:	10.6%
2017	:	11.9%
2018	:	8.7%
2019	:	8.9%

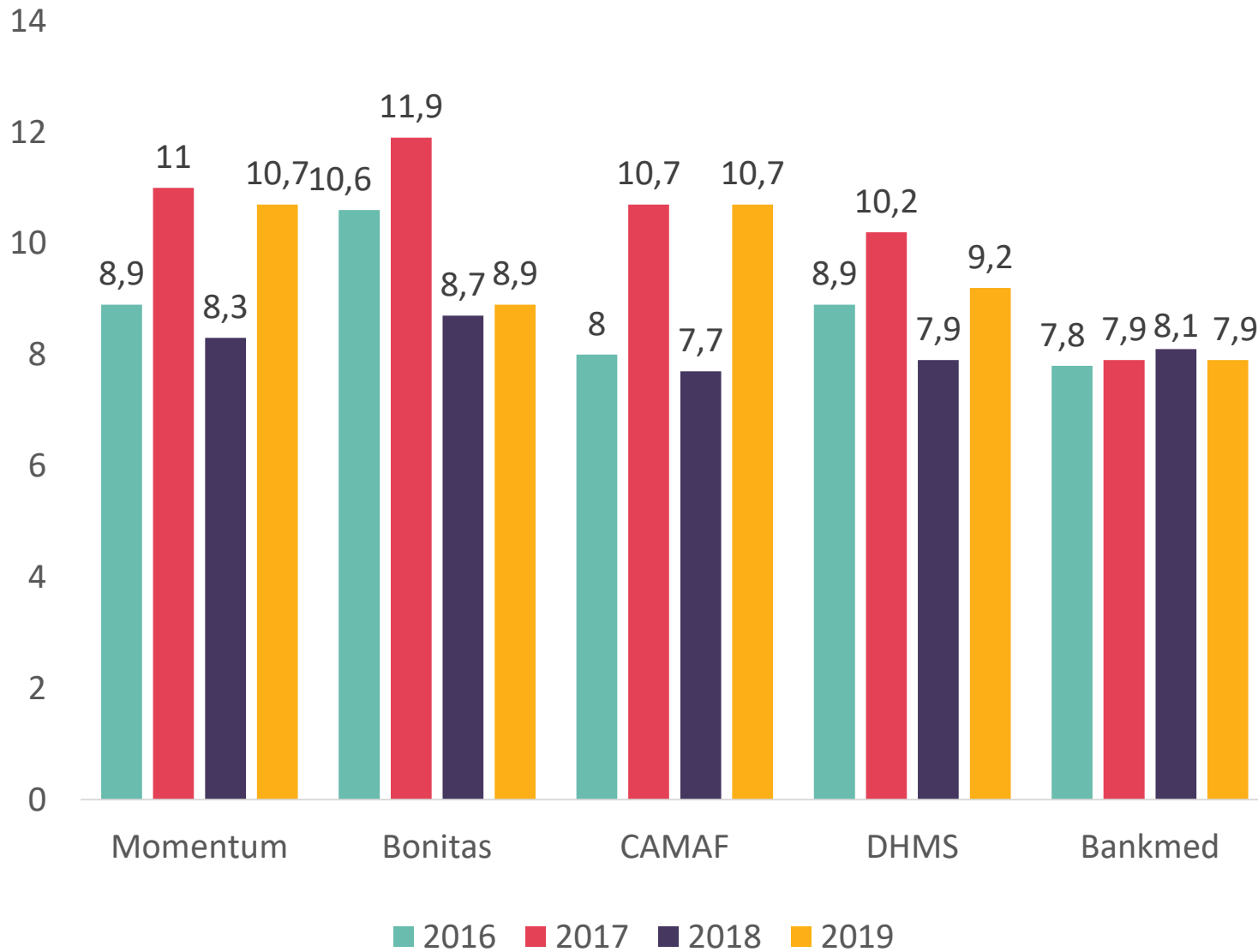
DHMS

2016	:	8.9%
2017	:	10.2%
2018	:	7.9%
2019	:	9.2%

Average Increases 2019 | Other Medical Schemes



Annual Increase Comparisons



2019 Bankmed Contribution Increases

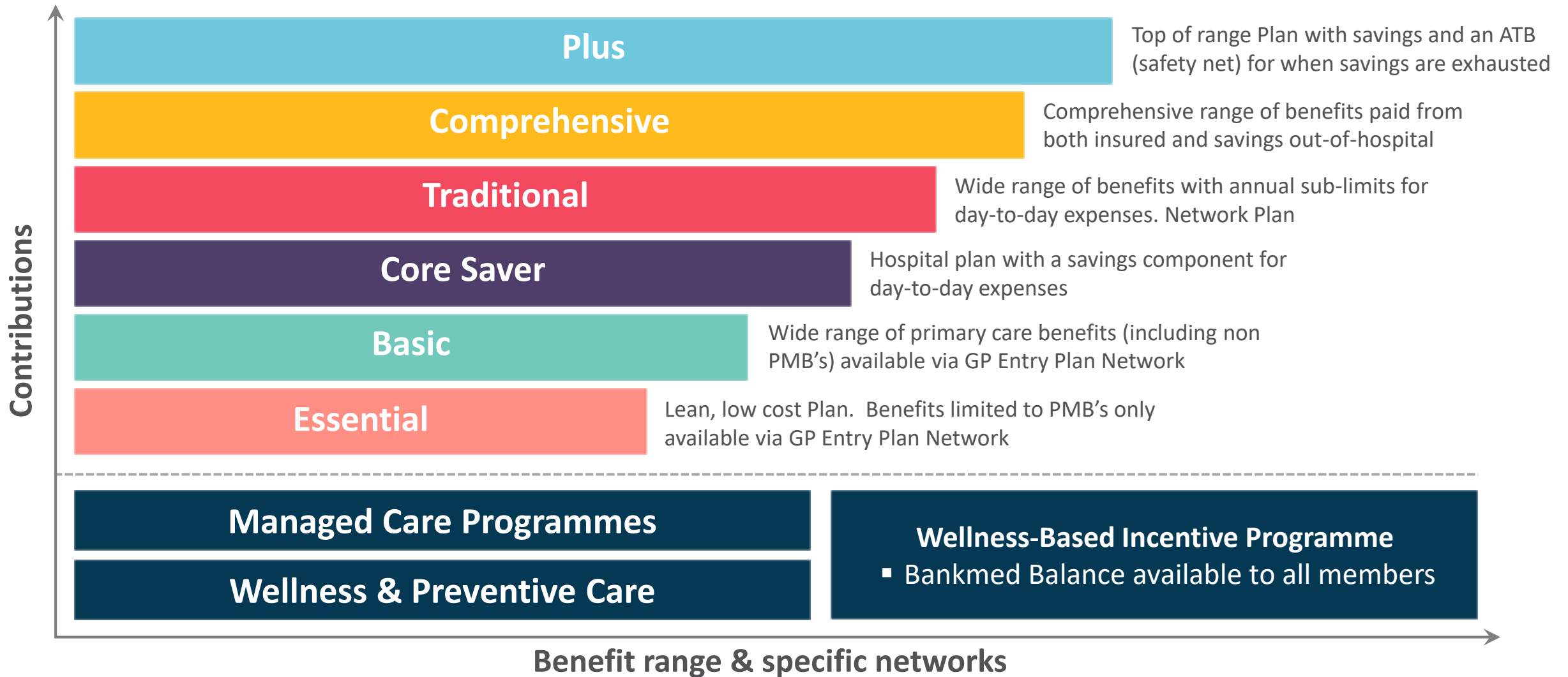
Plan	2015 Increase	2016 Increase	2017 Increase	2018 Increase	2019 Increase
Essential	3%	5%	6.5%	6%	5.5%
Basic	6%	5%	6.5%	6.5%	6.5%
Core Saver	6%	6%	7.5%	7.5%	7.4%
Traditional	7.5%	7.8%	8%	8.25%	7.4%
Comprehensive	8.5%	8.5%	8%	8.5%	8.5%
Plus	9%	9.5%	9%	8.75%	9%
Average	7.9%	7.8%	7.9%	8.1%	7.9%

Annual limits of many medical categories were increased generally by 5%



Plan Structure

A Plan to suit everyone



Essential and Basic Plan Overview

Plan Benefits

Essential Plan

Basic Plan

Positioned for	Entry level plan, suited for low healthcare needs. PMB cover only	Low contribution plan with IH and OH benefits and chronic disease benefits
Wellness and Preventative Care Benefits	Rich spectrum, expect for contraception	Rich spectrum
Restricted GP Network	Yes	Yes
Specialist Network	Yes	Yes
GP Specialist Referral	Yes	Yes
Hospital Network	Yes	Yes
Pathology, Radiology and Medication	Restricted formularies	
Managed Care Programmes	HIV Programme and Oncology Programme: PMB level of cover only	
Optometry Benefit	No	Isoleso Optometry Network
Basic Dentistry	No	Yes

Core Saver, Traditional, Comprehensive and Plus Plan Overview

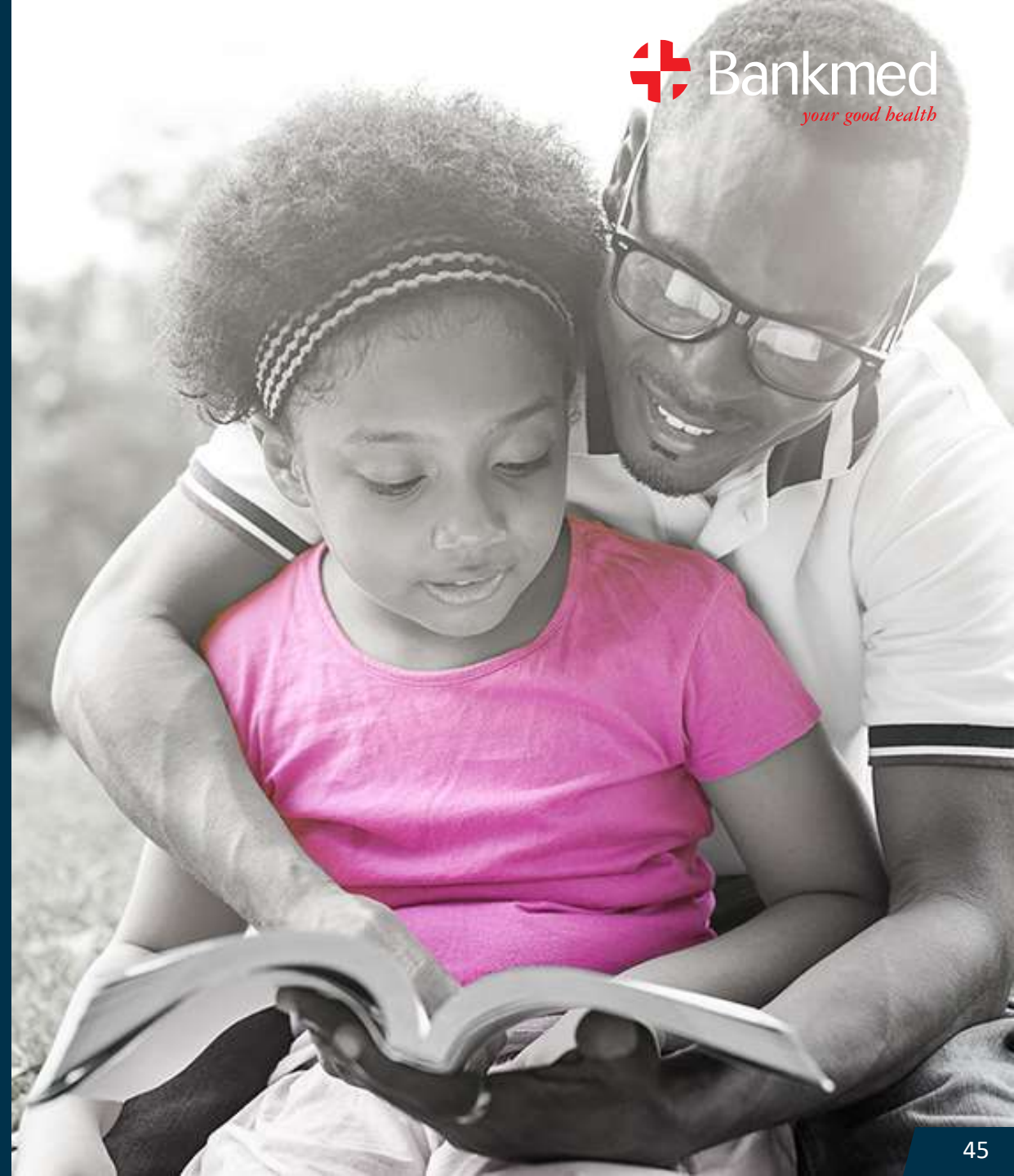
Plan Benefits	Core Saver Plan	Traditional Plan	Comprehensive Plan	Plus Plan
Positioned for	Young, healthy members with relatively low healthcare needs. Limited MSA for day-to-day expenses	Plan provides comprehensive medical cover to meet moderate to high healthcare needs. Network plan.	Plan suitable for moderate to high healthcare needs for members who want a savings component	Designed for moderate to high healthcare needs for members who want a savings component and ATB
Wellness and Preventative Care Benefits	Rich spectrum	Rich spectrum	Rich spectrum	Rich spectrum
Medical Savings Account	Yes	No	Yes	MSA + ATB
GP Network	Yes	Yes	Yes	Yes
Specialist Network	Yes	Yes	Yes	Yes
GP Specialist Referral	Yes	Yes	No	No
Hospital Network	No	Yes	No	No
Managed Care Programmes	PMB level of cover	Cover for both PMBs and Non-PMBs subject to preauthorization		
Optometry Benefit	Subject to MSA	Insured	Insured / MSA	MSA / ATB
Basic Dentistry	Subject to MSA	Yes	Yes	Yes
Dental Admissions	Emergency/PMB cover only	R 1 775 deductible		



2019 Benefit Enhancements

The principles behind the annual review include the following:

- ✚ To enhance benefits/innovation - these do come at a cost but are necessary to remain competitive and be the medical scheme of choice for the banking industry
- ✚ To optimise Risk Management in order to keep contribution increases as low as possible
- ✚ To consider a tiered differentiation in benefits between Plans especially for the “discretionary benefits” where members perceive value and would therefore consider higher premiums justifiable
- ✚ To lower out of pocket payments
- ✚ To improve member experience



New-Born Hearing Test

- ✦ New-born hearing test up to 8 weeks with an audiologist as part of the Wellness and Preventative Benefits
- ✦ Will be available on all 6 Plans
- ✦ The screening test will identify hearing impairment at an early stage
- ✦ Parents will be able to seek assistance early before any speech and hearing disabilities become pronounced and is likely to be attractive to those members with young families



Breast Cancer Risk Calculator



Bankmed is a member of Health Quality Assessment and on annual basis reviews international guidelines. Bankmed on an ongoing basis aligns its benefits to what is regarded as best practice



Cancer of the breast is the most prevalent cancer amongst the Bankmed female beneficiaries



This is an interactive calculator that estimates the risk of developing breast cancer



An enhancement to the current breast cancer screening is being implemented in 2019 with the introduction of a breast cancer risk calculator which will be available on the Bankmed website

Breast Cancer Risk Calculator



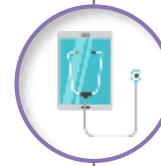
Members are risk rated low, medium or high risk. Based on the risk rating appropriate benefits are made available e.g. high risk members will have access to an MRI study of the breast in consultation with the treating doctor



This benefit will be available to members on all Plans



Seeking treatment early will improve the clinical outcomes of these members



The Bankmed wellness strategy is about early identification of disease and enrolment onto the Oncology Managed Care Programme where the appropriate treatment basket of services is made available to members



HomeCare is an accredited service provider that offers home-based care in the comfort and familiar surroundings of member's home



High quality service is delivered through a network of professional nurses who understand the benefits provided by the scheme



Preauthorisation is required



These services are paid for in lieu of hospitalisation. There will be clinical entry criteria for members to access this benefit and it will be carried out in collaboration with the treating doctor



Examples include:

- ✚ End of life care - this level of care is provided in partnership with the Hospice Palliative Care Association of South Africa. Compassionate Care Benefit and Advanced Illness Benefit were implemented in 2017
- ✚ IV Infusions e.g. to complete a course of IV antibiotics which shortens a hospital stay, Iron infusion, immunoglobulin infusion, rehydration
- ✚ Wound care e.g. venous ulcers, diabetic ulcers (moderate to severe wounds if condition of patient is stable and admission is not required)
- ✚ Postnatal care - healthy mums and babies who wish to be discharged earlier than the norm



This benefit is available to members on all Plans



In 2018 the Premier Plus GP Network was implemented in parallel to the Centre for Diabetes and Endocrinology (CDE) for the management of diabetes and cardiovascular disease



For 2019 an extension of the Premier Plus GP Network will be implemented for the management of HIV positive patients



The composite score calibrates members as either red, amber or green. Areas of improvement are identified and providers are engaged on these areas



All HIV positive members registered onto the programme by their treating doctor will have a dashboard which is underpinned by a scorecard that monitors whether the required tests were done and how long ago, namely CD4 count and viral load and monitoring of medicine adherence



The Premier Plus GP Network contains a group of General Practitioners who are already being used by Bankmed beneficiaries (around 50% of patients on ARVs already consult a Premier Plus General Practitioner)



Optimal management of HIV positive members improves the clinical outcomes for the members with fewer hospital admissions and complications due to the disease

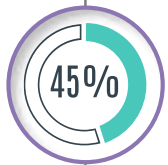


This benefit is available to members on all Plans

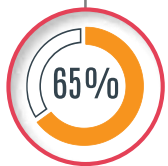
Specialist Network | Comprehensive Plan



Over the 2019 to 2020 period there will be changes to the Specialist Network



Currently network utilisation is approximately 45%. This is not optimal utilisation



The aim is to achieve approximately 65% utilisation of the network over a two year period



Core Saver, Traditional Plan and Plus Plan members will also have access to the larger network



The aim is to contract an additional 2 200 over the two year period. However, the final decision always lies with the provider as to whether to join a network or not



Currently there are just over 2 000 Specialists on the network



To incentivise providers to join the Bankmed network, they will be reimbursed a higher rate than currently



The other incentive to join the network is a drop in the rate reimbursed to non-contracted providers in a phased approach on the Comprehensive Plan:

2019 - 125% to 110%

2020 - 110% to 100%



The rationale for a network is as follows:

- ✚ Protection of members from inflated billing practices
- ✚ Protect members from co-payments
- ✚ Implementation of Governance projects
- ✚ Quality Management/Value Based Contracting
- ✚ Peer review and profiling

Virtual Consultations

- ✚ This benefit will be available to members on all Plans
- ✚ The GP virtual consultations will be subject to normal out of hospital benefits for consultations
- ✚ Limited to 3 pbpa
- ✚ The virtual consultation is carried out via an app that both member and doctor must download (member and provider can decide on which app)
- ✚ There must be a pre-existing relationship with the provider i.e. the member must have had a face to face consultation with the doctor within the prior six months to having a virtual consultation. This is a HPCSA requirement
- ✚ There will also be a requirement for the doctor to submit verification notes for the claim to be paid. This is to protect the scheme, member and doctor





Health Quality Assessment (HQA)

Health Quality Assessment

- + Benchmarking exercise in the funding industry
- + Highlights key quality issues in the SA medical scheme industry
- + Drives improvement in the delivery of evidence-based medicine
- + 18 schemes participated in 2017 HQA from 9 different Administrators
- + Comprised of 96 benefit options
- + Represented 6,72 million beneficiaries (76% of the medical scheme population)
- + 168 Indicators in four categories are evaluated, namely:
 1. Prevention and Screening
 2. Hospitalisation
 3. Maternity and New-born
 4. Chronic Disease Management



Definition of Quality

- ✦ Agency for Healthcare Research and Quality (AHRQ) defines quality as *“the degree to which health care services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge”*.



Bankmed compared to Industry | 2017

Primary Care (Including Screening)



	Indicator	Bankmed	Industry	AHRQ
Prevention	Flu vaccine coverage > = 65years (%)	28,93%	16,76%	77,1%
	Pneumococcal vaccine coverage ≥ 65 years old (%)	9,73%	3,04%	N/A
Screening	Cervical Cytology coverage (previous 3 years) (%)	42%	36,30%	74,3%
	Mammogram coverage (ages 50-74 years in previous 2 years) (%)	36,82%	24,08%	72,7%
	Bone densitometry coverage for all females aged 65 years or older (%)	15,55%	8,18%	73%
	Colorectal cancer screening ≥ 50 years in previous year (%)	16,72%	11,72%	62%
	Percentage of beneficiaries ≥ 2 years old visiting dentists	32,69%	21,93%	N/A

Bankmed compared to Industry | 2017

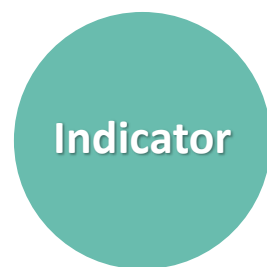
Chronic Disease Management



	Indicator	Bankmed	Industry
Diabetes	HbA1c coverage for Diabetic patients (%)	57,85%	58,08%
	Cholesterol related tests coverage for Diabetic patients (%)	55,72%	51,67%
	Monitoring Nephropathy for Diabetic patients (%)	62,63%	61,57%
	Podiatrist cover (%)	6,01%	3,00%
	Statin coverage (%)	58,36%	52,70%
	% of Hypoglycaemia related hospital events	0,98%	4,48%
	Lower Limb amputations per 1 000 diabetics	3,38	3,75

Bankmed compared to Industry | 2017

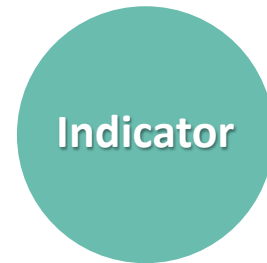
Chronic Disease Management



	Indicator	Bankmed	Industry
Ischaemic Heart Disease	Proportion of beneficiaries registered for IHD	0,36%	1,25%
	Aspirin coverage for IHD beneficiaries (%)	79%	66,55%
	Cholesterol test coverage for IHD beneficiaries (%)	58,93%	52,53%
	Statin Coverage for IHD beneficiaries (%)	76,42%	74,80%
	Beta blocker coverage	51,72%	48,69%
	Flu coverage of IHD registered beneficiaries	25,09%	14,90%
Asthma	Lung function test coverage	13,35%	11,67%
	Flu vaccine coverage	16,34%	9,79%

Bankmed compared to Industry | 2017

Chronic Disease Management



	Indicator	Bankmed	Industry
Cardiac Failure	Flu vaccine coverage (%)	21,09%	14,79%
	ACE & ARB inhibitor coverage (%)	75,86%	66,08%
Depression	Proportion of beneficiaries registered for Depression	5,31%	2,64%
	Depression registered beneficiaries admitted for Depression (%)	11,26%	10,88%
	Depression multiple admissions for Depression	1,49%	1,48%
COPD	Flu coverage for COPD beneficiaries (%)	31,19%	24,50%
	Lung Function test coverage for COPD beneficiaries (%)	39,04%	34,99%
	COPD registered beneficiaries admitted for respiratory condition (%)	26,28%	27,38%

Bankmed compared to Industry | 2017

Hospitalisation



	Indicator	Bankmed	Industry
Cardiac Procedures	Stents		
	Average length of stay for all cases (days)	4,39	4,49
	Readmission for any reason within 30 days	8%	11,06%
Spinal Surgery	Number of spinal fusion cases per 1 000 beneficiaries	1,70	1,73
	Average length of stay (days)	7,96	7,35
	Readmission rate within 30 days (% of total admission)	6,05%	6,75%

Bankmed compared to Industry | 2017

Maternal and New Born



Maternal and Newborn	Indicator	Bankmed	Industry
	Number of Teenage Pregnancy (10-19 years inclusive) cases per 1 000 teenage beneficiaries	3,30	4,67
	TSH Coverage in New Borns (≤ 6 weeks old) (%)	90,65%	71,24%
	Hepatitis B serology coverage during pregnancy	37,10%	32,10%
	HIV Screening during pregnancy	71,83%	59,98%
	Haemoglobin (Hb) test coverage during pregnancy	86,29%	85,14%



Bankmed compared to Industry **2017**

Bankmed compared to Industry **2015 - 2017**





Pensioner Data

Pensioner Membership

	Male Lives	Female Lives	Total Lives	Percentage of Total Bankmed Lives
2017	7 109	11 946	19 055	8,77%
Q2 2018	7 129	12 012	19 141	8,72%



Pensioner Membership by Scheme Option

Q2 2018	Percentage of Membership
Plus Plan	16,9%
Comprehensive Plan	60%
Traditional Plan	16%
Core Saver	5%
Basic Plan	2%
Essential Plan	0,1%



Pensioner Project | Screening Uptake

Test	2013	2014	2015	2016	2017	Aug 2018
PHA	1 734	1 585	3 991	3 081	6 664	6 390
HCT	395	305	2 631	2 126	6 359	5 883





Client Management

Client Portfolio



Various Others



South African Reserve Bank



Client Management

+ Custodian Support

+ Initiated Roadshow Discussions

- Onsite presentations & Virtual Consultations
- Implementation

+ Onsite Service YER Closure

+ Communications Content

- Employer preferred channels
- Encouraging employees to attend onsite presentations





2019 Integrated Communications Overview

Phase 1

- ✚ Roadshow Communication
- ✚ 2019 Benefits & Contributions Breakfast
- ✚ Employer Group Communication
- ✚ Onsite Services

Phase 2

- ✚ Pre-Selection Communication
- ✚ Ongoing Year End Member Communication

Phase 3

- ✚ Post-Selection Communication

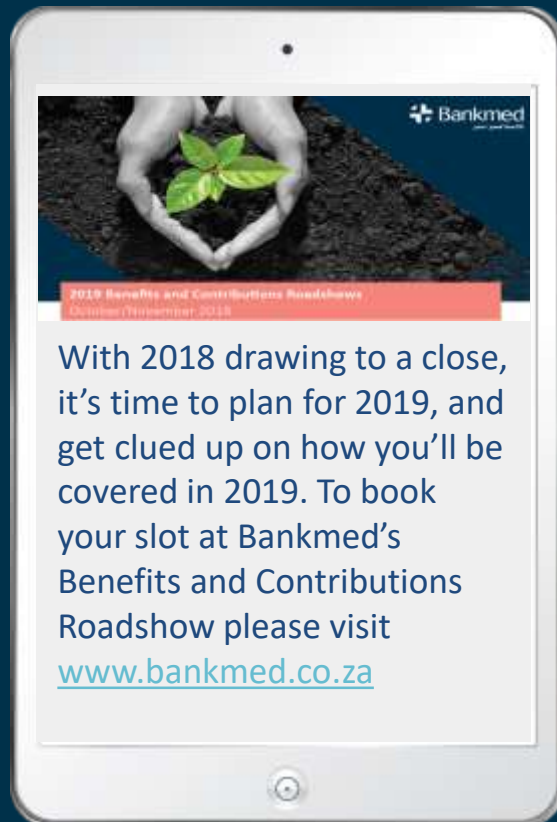




Phase 1

Roadshow Communications

Bankmed B&C Roadshow Social Media Reminder



Bankmed B&C Roadshow SMS Reminder



Bankmed B&C Roadshow E-mailer to members



2019 BENEFITS & CONTRIBUTIONS LAUNCH

INVITATION

You are invited to attend an informative breakfast session with Bankmed's Principal Officer, Teddy Mosomothane and the Bankmed Executive team to discuss Bankmed's 2019 benefit enhancements and contributions.

Date: Tuesday, 2 October 2018

Time: Registration opens from 07:30 for 08:00

Venue: Johannesburg Country Club (JCC)
1 Napier Road, Auckland Park

RSVP: Please e-mail asime@bankmed.co.za by 26 September 2018. Please advise if you have any dietary requirements

We look forward to seeing you there!

[VIEW PROGRAMME](#)

[VIEW MAP TO VENUE](#)

Employer Groups

2019 Benefits & Contributions Launch – 2nd October 2018

- ✦ This is the kick off of our communication to Pre-Selection
- ✦ The implementation plan will include a variety of communication channels e.g. Website / Social Media / SMS and Onsite activations

Toilet Talkers Lift Screen Posters Desk Drops Communication



It is that time of the year again to review your medical scheme Plan type and we understand that selecting the right Plan is of the utmost importance to you. Before choosing your Plan you need to consider the following:



Your health needs: Make an honest evaluation of the state of your health, and find a Plan that will provide sufficient cover for your specific medical needs. Also consider the health history of your direct family and your personal history when making a decision.



Affordability: The benefit plan you choose will depend largely on what you can afford to pay per month.



Deadline for plan change: 7th December 2018

Bankmed will be hosting onsite **Benefit and Contribution** presentations to outline all the details for 2019.



You know the year is rushing to the finish line when you start planning for December and that much needed holiday. But before we pack our bags and close those office doors, we have one more item to focus on, our medical aid arrangements for 2019.

Remember you need to annually review whether your current option is going to continue to meet your family's medical needs or planned medical expenses for 2019.

Assistance with choosing your plan for 2019

Members can contact Bankmed for general Plan information:



Call Bankmed contact centre 0800 BANKMED (0800 226 5633)

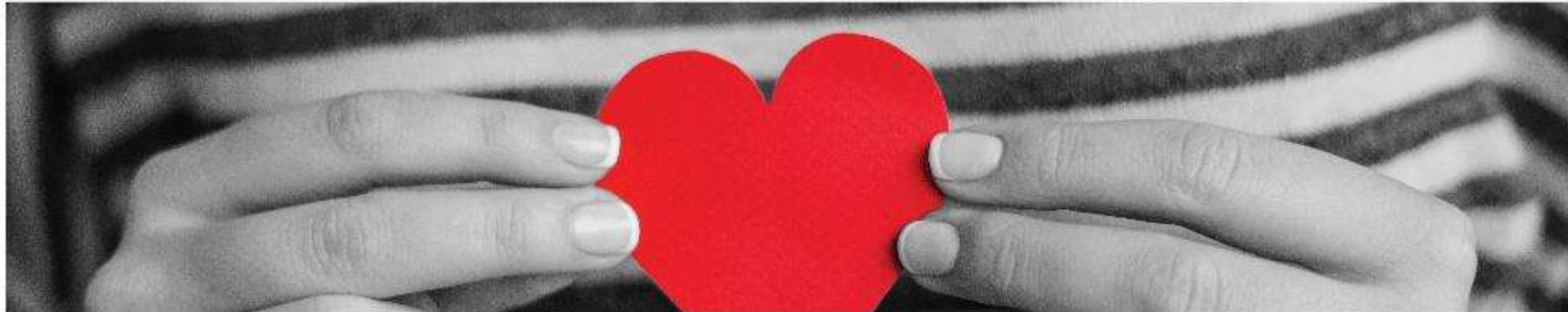


Attend one of the many year-end presentation roadshows at your employer (be on the lookout for more information from Bankmed)



Deadline for plan change: 7th December 2018

Plasma Screen Communication



You know the year is rushing to the finish line when you start planning for December and that much needed holiday. But before you pack your bags, we have one more item to focus on, your medical aid arrangements for 2019.

Remember you need to annually review whether your current option is going to continue to meet your family's medical needs or planned medical expenses for 2019.

Assistance with choosing your plan for 2019 - Members may contact Bankmed for general Plan information:



Call Bankmed contact centre
0800 BANKMED (0800 226 5633)



Attend one of the many year end
presentation roadshows at your employer
(be on the lookout for more information
from Bankmed)



**Deadline for plan change:
7th December 2018**

Employer Communication Highlights



Frequently Asked Questions



Tax FAQ's



AGM FAQ's



General FAQ's



Benefits and important information

Leadership Conversation

On-boarding for new members (including screen shot of website placement)



Onsite Services

- ✚ E-mailers
- ✚ Booking venue regionally
- ✚ Reminders on bookings
- ✚ Posters
- ✚ Informing staff of “onsite service” closure and re-opening dates during the road show period
- ✚ Intranets



Phase 2

Members

2019 Benefits & Contributions Roadshows

- ✦ Letters to Employers Groups – encouraging member attendance
- ✦ E-mailers / Programme - informing all employees to attend the regional events (12th September 2018)
- ✦ SMS – notification prior to each event
- ✦ Website communication
- ✦ Social Media (Facebook & Twitter)
- ✦ 2019 Benefits by Plan DVD
 - ✦ Branches
 - ✦ Presentations
 - ✦ Intranets



Members

Pre-selection / Plan Change Pack

- ✦ Covering letter & plan-specific summary (2018 vs 2019)
- ✦ 2019 Benefit & Contribution Schedule by Plan
- ✦ Benefits – 1 pagers
- ✦ Plan selection form
- ✦ Envelope plan selection deadline of **7 December 2018**



Pre-selection / Plan Support

- ✦ Rotational Banner – Website (direct members to landing page)
 - ✦ 2019 Benefits by plan (Bankmed website & DVD's)
 - ✦ B & C Schedule and by Plan, Summary of benefit changes, plan selection form
- ✦ Social media updates
- ✦ SMS reminders
- ✦ Bounce & eBounce communication
- ✦ Reminders re: channels for plan change: fax; e-mail; call centre; website
- ✦ Pensioners: BPS internal communication; website
- ✦ Roadshows: Johannesburg; Pretoria; Durban; Cape Town; Port Elizabeth; George; East London; Bloemfontein





Phase 3

Members

Post-Selection (upon receipt of plan change)

- ✚ Letter confirming plan choice
- ✚ New membership card
- ✚ Membership certificate



Contact Us



www.bankmed.co.za



0800 BANKMED (0800 226 5633)



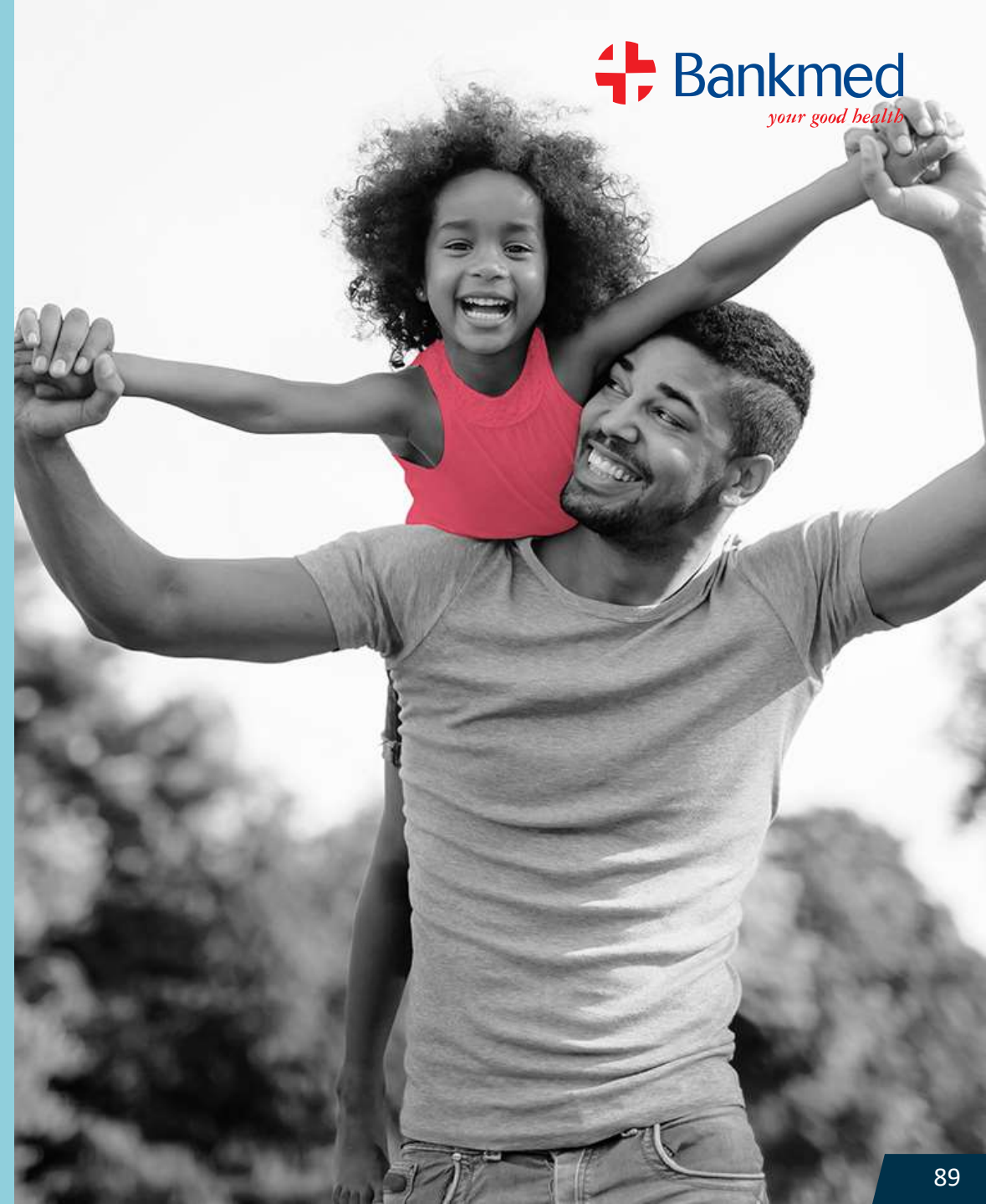
<http://www.facebook.com/BankmedSA/>



http://twitter.com/Bankmed_SA



Mobi App





Thank you
Q&A