

Ponitas



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Overview

Mr OJ Komane Chairperson (Elected Trustee)



Mr J Bagg Vice-Chairperson (Elected Trustee)



Mr R Cowlin (Appointed Trustee)



Dr PW Hill (Elected Trustee)



Adv L Koch (Elected Trustee) term ended 14 October 2021



Ms M Lesunyane (Elected Trustee)



Mr MG Netshisaulu (Elected Trustee)



Mr JD Ngwane (Elected Trustee)



Mr PJ Ribbens (Elected Trustee)



Ms J Usher (Elected Trustee)



Mr JR Venter (Elected Trustee)

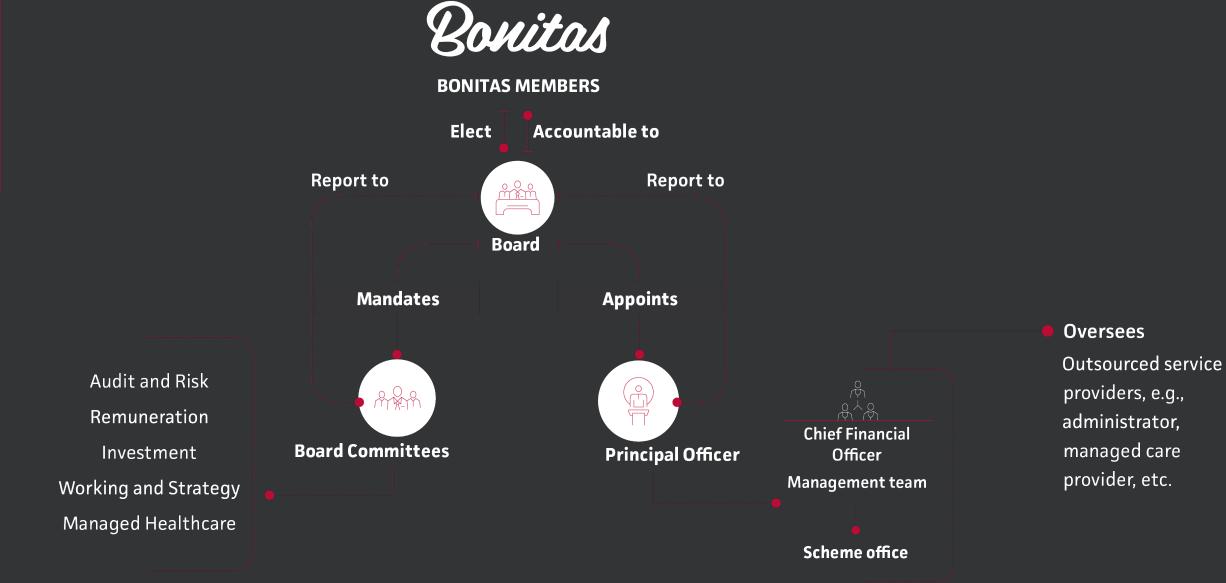


Section 57(6) of the Medical Schemes Act requires the Board of Trustees to:

- Take all *reasonable steps* to ensure that the *interests of beneficiaries* in terms of the rules of the medical scheme and the provisions of the Medical Schemes Act *are protected at all times*
- Act with *due care*, *diligence*, *skill* and *good faith*
- Take all reasonable steps to *avoid conflicts of interest*, and *act with impartiality* in respect of all beneficiaries



Governance Structure and Framework







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The evolution of Bonitas Medical Fund



A brand that protects

FOCUS AREAS



To ensure the sustainability of the Scheme while meeting the needs of our members



To make quality healthcare more affordable and more accessible to South Africans





Core objectives

Long-term and financial sustainability



Drive competitive offering and meeting member needs

Contributions increase in line with systemic medical inflation – lower than industry average year-on-year

(prudent, dependable approach)

Protects members from future price "shocks" and higher increases in the long-term Improved solvency and use of reserves to ensure affordability while driving innovation to meet changing customer needs

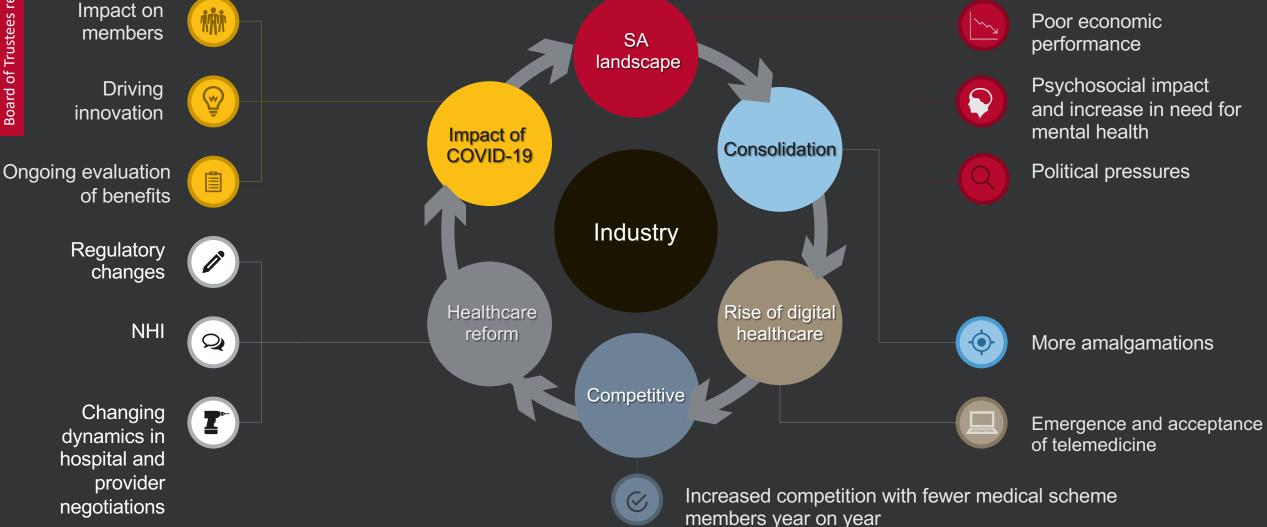
(virtual care, new BonStart/BonStart Plus, Benefit Booster etc)

> Supports affordability and business development



Industry trends







As the medical aid for South Africa, we:



a broad variety of healthcare needs







Board of Trustees report

Providing risk assessments to allow for early intervention for chronic conditions



Quality care in and out of hospital through extended benefits and innovations such as Hospital at Home



Leveraging technology to extend care through initiatives such as virtual care and online wellness assessments



Extended emergency medical services to a greater pool of providers with a dedicated line through Bonitas SOS



Broader access to preventative care benefits paid from risk, to proactively support members at all live stages (incl. childhood vaccines and vaccines for the elderly)



Caring for our members

We use an outcomes based model for disease management to ensure help members manage their health, while we negotiate the best rates to provide them with additional value

Hip and knee

93% of members are discharged in 1 day with 81% not needing follow-up home care

Hypertension

130 000 members are actively monitored – which has lead to a 20% improvement in adherence rates

Diabetes

63% of members with uncontrolled diabetes lowered their HbA1c results



Anaesthetic network

Members collectively realised value of R12.2million by using the anaesthetist network

Mental health

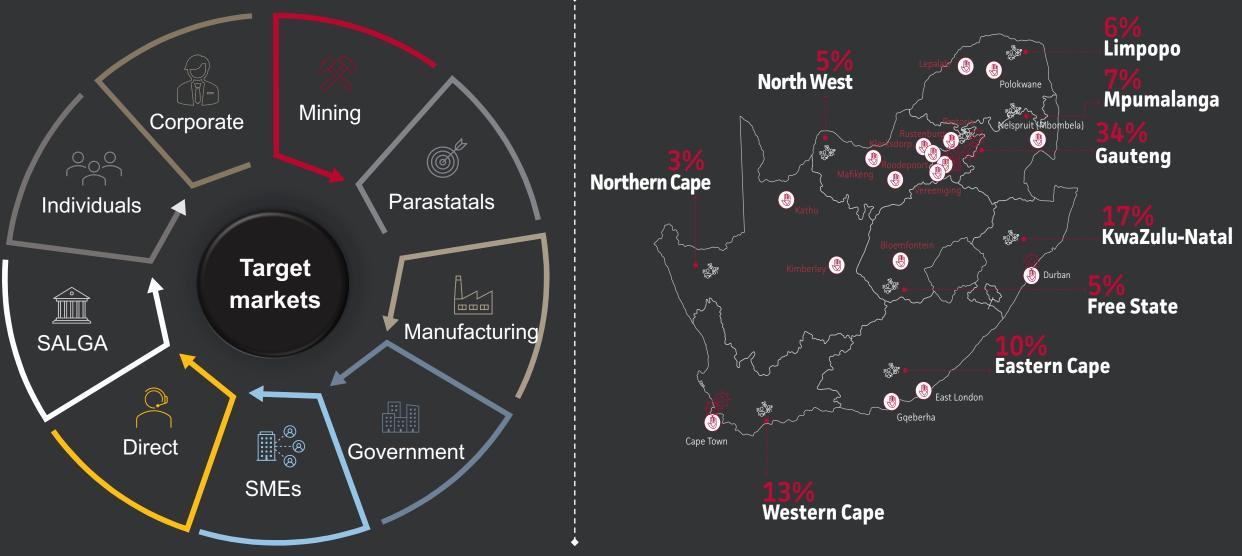
63% of members with depression currently adhere to their treatment plans, with less than 4% of them requiring re-admission to hospital

Palliative care

We noted R145 971 in value realised over 3 months, per beneficiary using the palliative care benefit

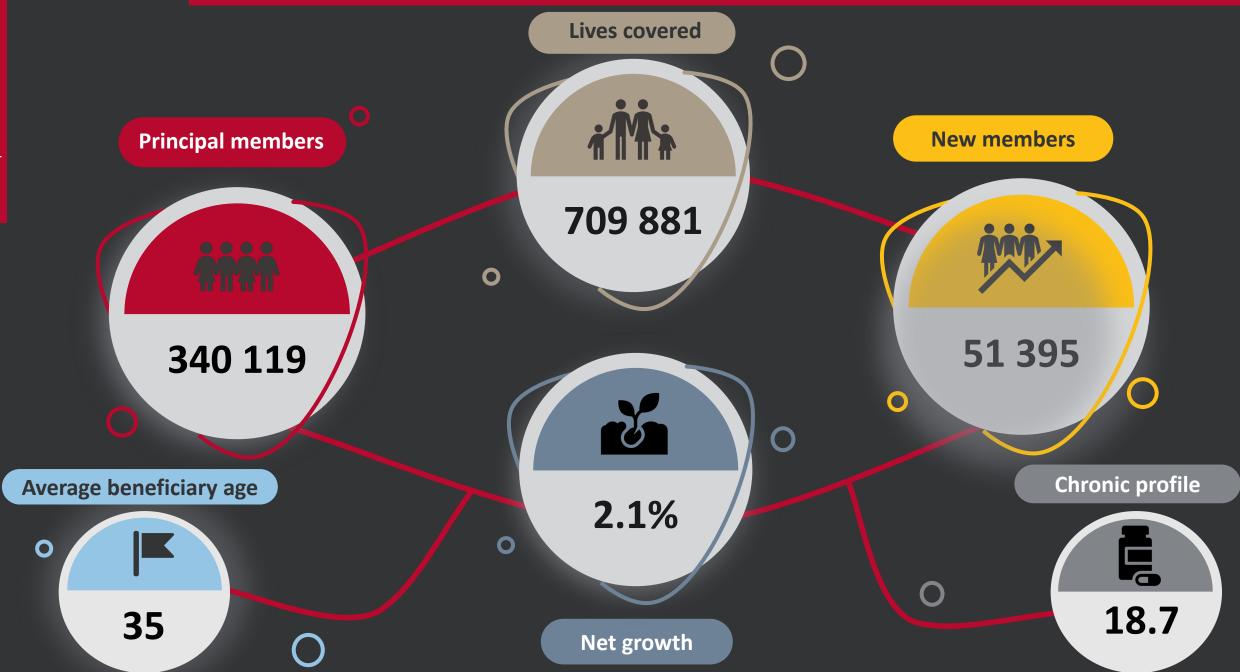


Our footprint

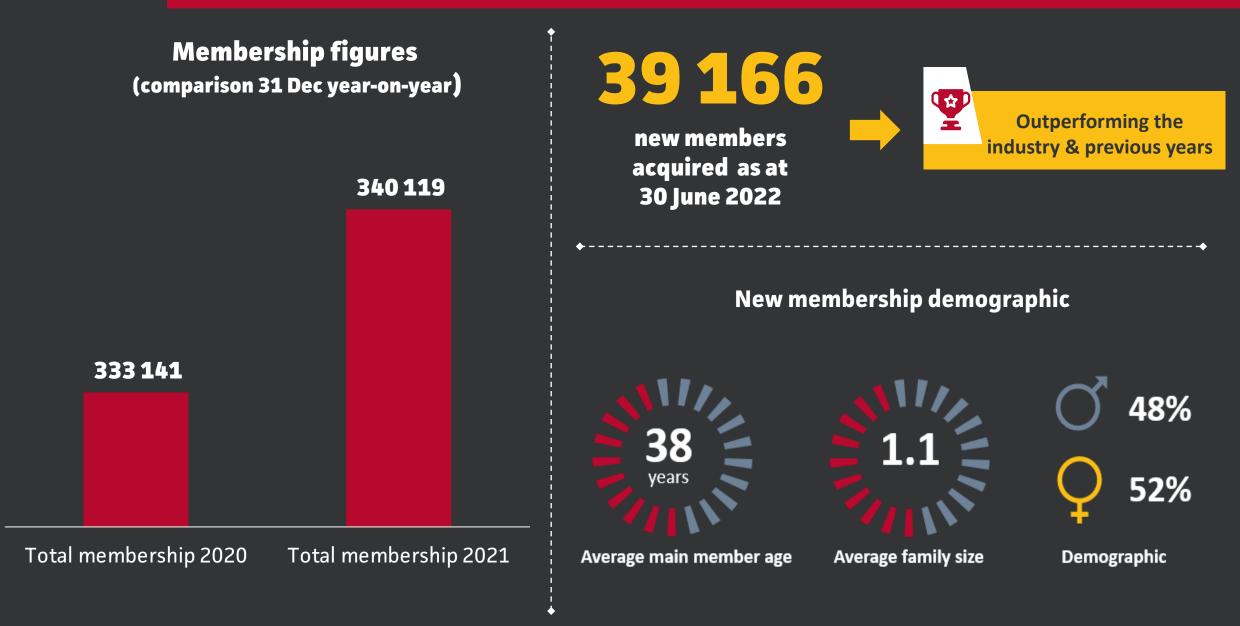




Membership overview 2021



Membership growth comparison





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Applying best practice governance	Strategic purchasing	Boost business development	Optimise investment returns	Connect with the customer	Integrate the value chain	Create value through innovation
 Governance across all interactions Implemented FWA strategy to significantly reduce illegitimate claims, waste and abuse of benefits Continuously improved frequency and scope of claims and experience 	 Value realised through managed care initiatives 	 2.1% net growth target achieved Net business of 51 936 new members achieved v target of 47 500 	 Targeted return of CPI + 3,5% exceeded 	 Improved connections with all stakeholders through all touchpoints 	 Improved member health status 	 Improved virtual interaction and engagement and enhanced offerings



Key indicators

Claims payout R16 billion

paid in claims during 2021 (2020:15.5 billion)

Processing 1300

hospital claims processed per

day (2020:1 498)

1118

hospital authorisations per day (2020:1 164)

Hospital claims

88.22%

of hospital claims were paid within 7 days

Value realised

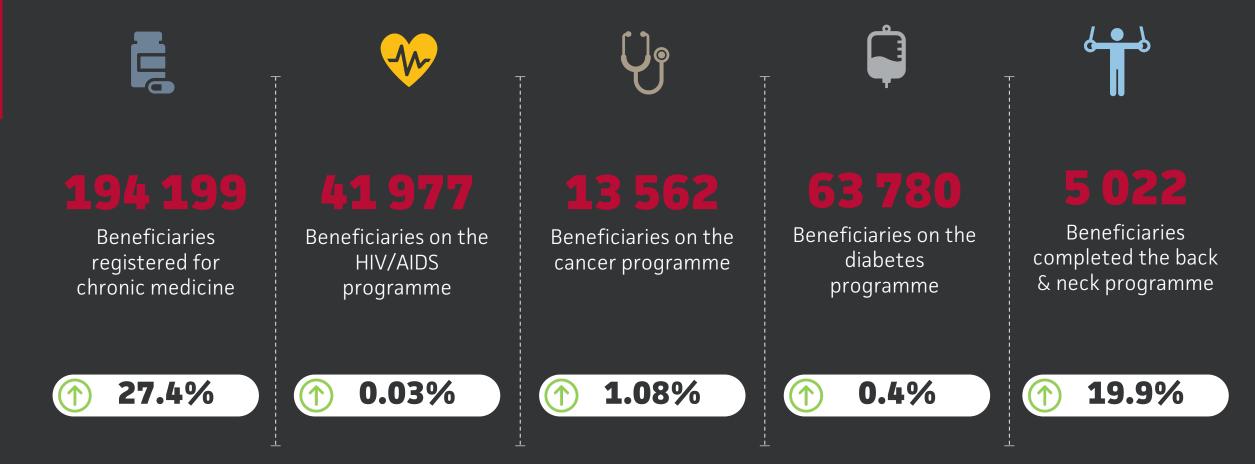
R198 million

in projected negotiated hospital savings (2020:R346 million)

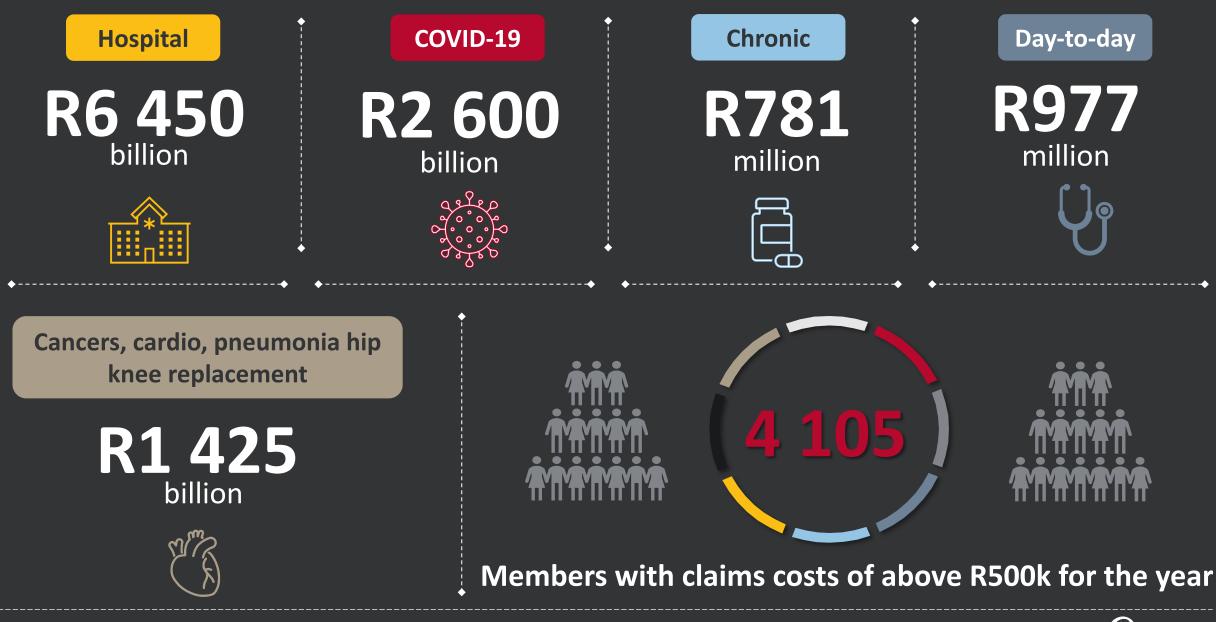
R26.6 million

gross recoveries from FWA (2020:R51.7 million)





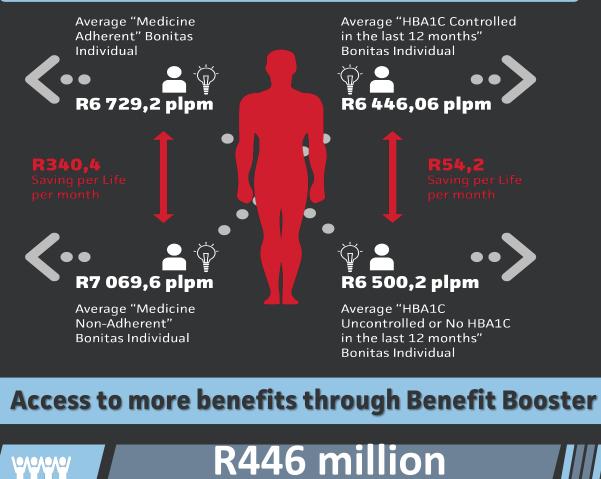






Extending value and access for members

Additional value through diabetes programme

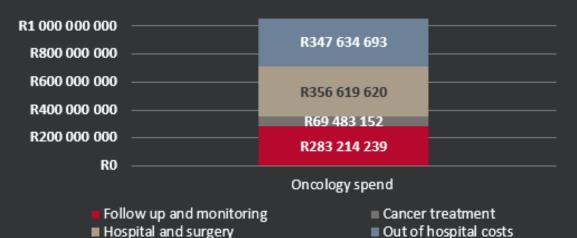


in **MORE** benefits for members

9800

members have accessed the benefit

R1.06 billion paid for oncology in 2021



Successes of back and neck programme



R70 million+ paid from risk in 2021



Improved communication

Enhanced communication with diverse platform engagement strategy

Optimised service model

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Faster turnaround times and improved customer satisfaction scores

Enhanced support

Multi-channel engagement and self-service channels with extended hours

Industry benchmarking

Winner of Ask Afrika Orange Index Award for Service Excellence and BHF Titanium Award for Operational Performance



Consumer perception





2022 BHF TITANIUM AWARD FOR OPERATIONAL PERFORMANCE

Medical Aid Industry 2021



The operational performance category required the Scheme to show how we had fared across the following criteria:

- Growth over the past three years
- Proof of average increases
- Health governance measures
- Preventative healthcare benefits
- Risk benefits



Deloitte.

Commissioned to provide transactional and governance review

Benchmarking value derived from service providers and administrator



Governance findings



Value creation



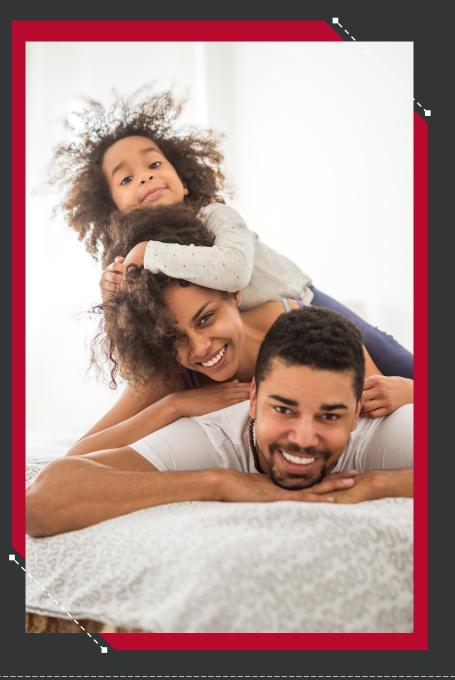
For every R 1 spent on administration, Bonitas derived R 1,49 value for 2020 and R 1,55 for 2021 – showing exceptional improvement



There has been an increase of 17 cents in value since the 2018 value for

money calculation – indicating that the value Bonitas generates for members steadily increases





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Deloitte

Independent Auditors Report



TO THE MEMBERS OF BONITAS MEDICAL FUND

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of Bonitas Medical Fund (the Scheme) set out on pages 81 to 140, which comprise the statements of financial position as at 31 December 2021, and the statements of comprehensive income, the statements of changes in members' funds and reserves and the statements of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies. In our opinion, the financial statements present fairly, in all material respects, the financial position of the Scheme as at 31 December 2021, and its financial performance and cash flows for the year then ended in accordance with International Financial Reporting Standards and the requirements of the Medical Schemes Act of South Africa.

Independence

We confirm that we provided the trustees with a statement that we complied with relevant ethical requirements regarding independence, and communicated with them all relationships and other matters that may reasonably be thought to bear on our independence, and where applicable, related safeguards.

Deloitte.

Key audit matter

Outstanding claims provision:

As disclosed in Note 10, the carrying amount of the Outstanding Claims Provision ("IBNR") at year end was R904.4 million (2020: R976.3 million). The determination of the IBNR requires the Scheme's Trustees to make assumptions in the valuation thereof, which is determined with reference to an estimation of the ultimate cost of settling all claims incurred but not yet reported at the Statement of Financial Position date.

- The IBNR calculation is based on a number of factors which include:
- Previous experience in claims patterns,
- Claims settlement patterns,
- Changes in the nature and number of members according to gender and age,
- Trends in claims frequency,
- Changes in the claims processing cycle,
- Variations in the nature and average cost per claim, and
- Other factors such as expectations of future events that are believed to be reasonable to be taken into account in the valuation of the IBNR at year end.

Certain of the above mentioned factors require judgement and assumptions to be made by the Scheme's Trustees and therefore accordingly, for the purposes of our audit, we identified the valuation of the IBNR as representing a key audit matter.



Deloitte.

Key audit matter

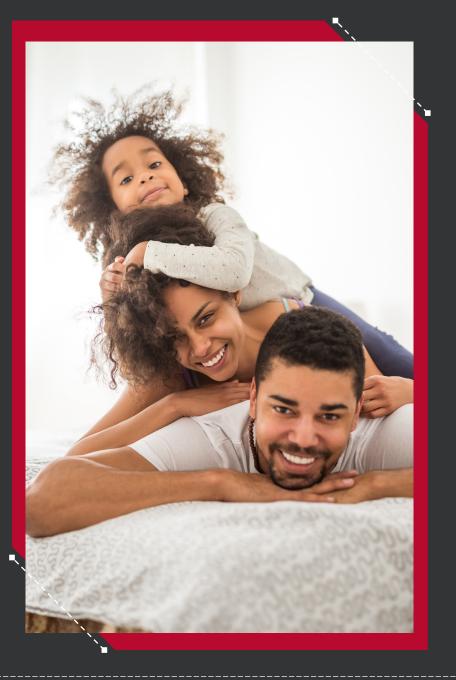
How the matter was addressed in our audit

In evaluating the valuation of the IBNR, we audited the calculations approved by the Board of Trustees and performed various procedures which included:

- Considering the design and implementation of the Scheme's controls relating to the preparation of the IBNR calculation,
- Testing the integrity of the information used in the calculation of the IBNR by performing substantive procedures to test the accuracy and completeness of data used in the valuation of IBNR,
- With the assistance of our internal actuarial specialists, performed an independent calculation of the estimate of the provision using historical claims data and trends, and using this estimate as a basis of assessing the reasonableness of the Board of Trustees' estimate of the provision,
- Testing a sample of claims paid in the current year against the related IBNR reserve held to assess the reasonability of assumptions used to calculate the IBNR estimate,
- Performing tests of detail on the current year IBNR including testing actual claims paid subsequent to year end to determine if these have been appropriately reserved for at balance sheet date, and
- Assessing the presentation and disclosure in respect of the IBNR and considered the adequacy of these disclosures.
- Considering the validity and completeness of any out of model adjustments made to adjust the IBNR for matters not included in the historical data set and therefore not incorporated in the actuarially determined reserve.

The assumptions applied in the IBNR calculation are appropriate and we are satisfied that the movement of the IBNR in the Statement of Comprehensive Income and the related disclosure of the IBNR balance and assumptions are appropriate.

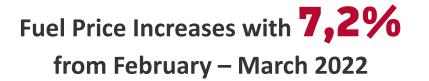




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WATCH | Fuel price hike to take effect from Wednesday

Tuesday 5 April 2022 - 12:00pm



Both grades of 93 petrol will go up by 28 cents a litre. Customers at the pump will pay 36 cents more for 95 octane petrol Diesel users will have to fork out up to R1.68 more.

State of Disaster has been ended on 4 April 2022

WATCH | SA terminates National State of Disaster

Tuesday 5 April 2022 - 7:30am



"Since the requirements for the National State of Disaster to be declared in terms of the Disaster Management Act are no longer met, Cabinet has decided to terminate the National State of Disaster with effect from midnight tonight."

EYEWITNESS NEWS

FuelIncreases

120

Market

Conditions

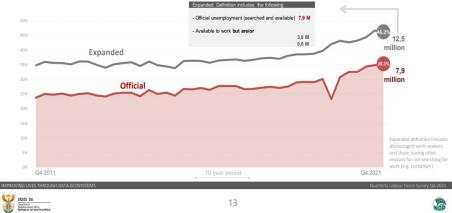
BRACE YOURSELVES: ESKOM 9.61% TARIFF HIKE TO KICK IN ON FRIDAY

"People will see a change from 1 April, in accordance with the NERSA decision, of their tariffs and then it would be an average increase of 9.61% more than what it was previously," said Hasha Tlhothlalemaje, Eskom's general manager for Regulation.

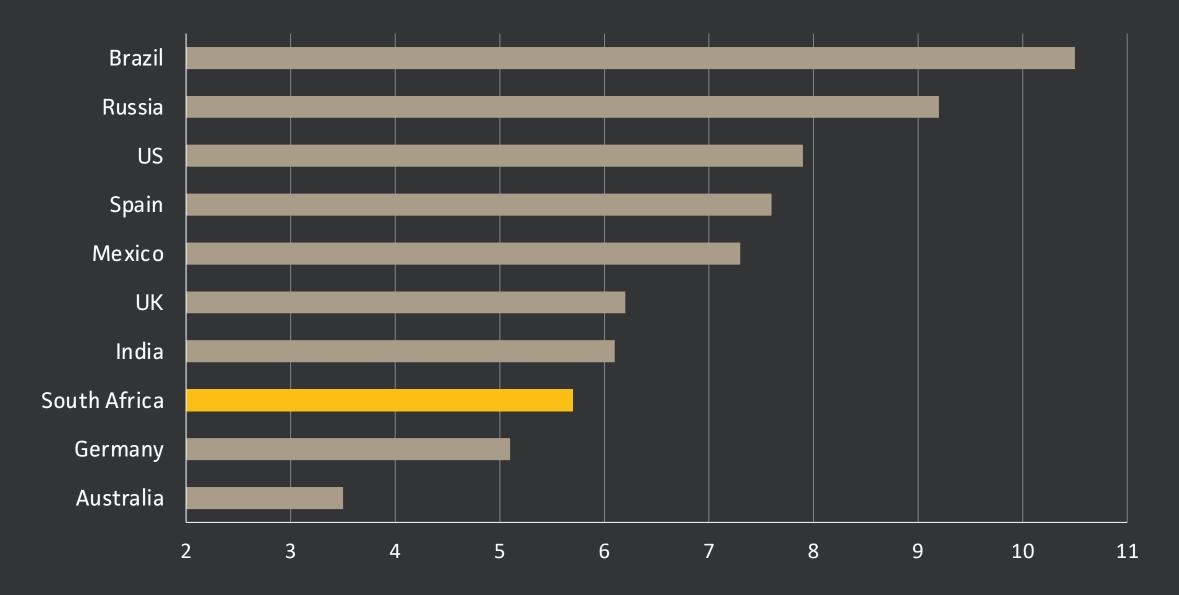
Unemployment Expanded Unemployment Rate 46,2%

Expanded unemployment decreased by 0,4 of a percentage point to 46,2% in Q4:2021 compared to Q3:2021.

Official vs Expanded unemployment: 04:2011-04:202

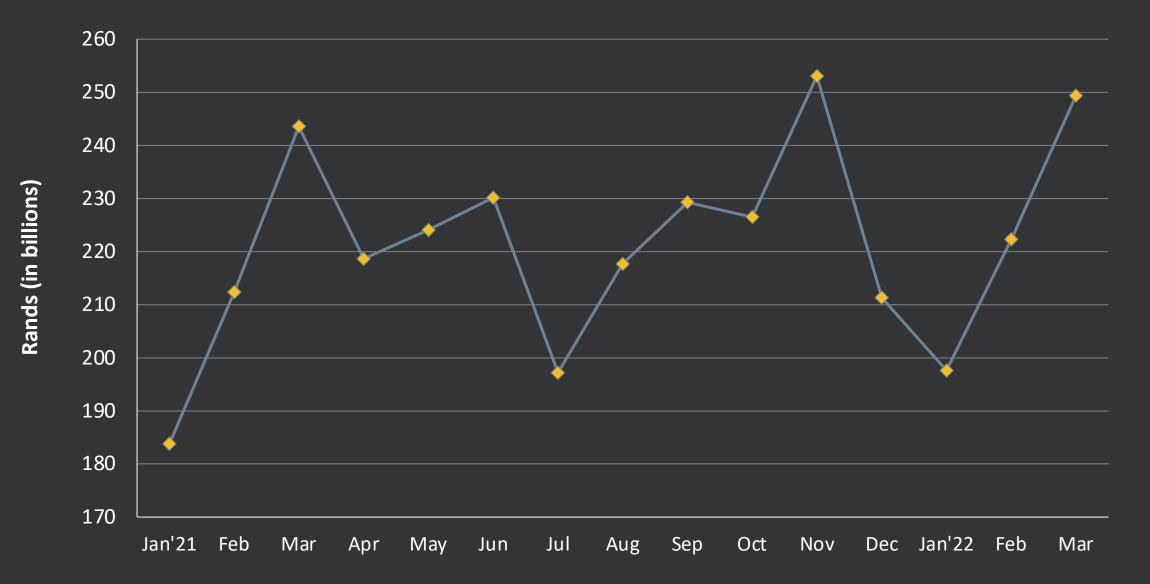


Consumer price inflation: South Africa and selected trading partners

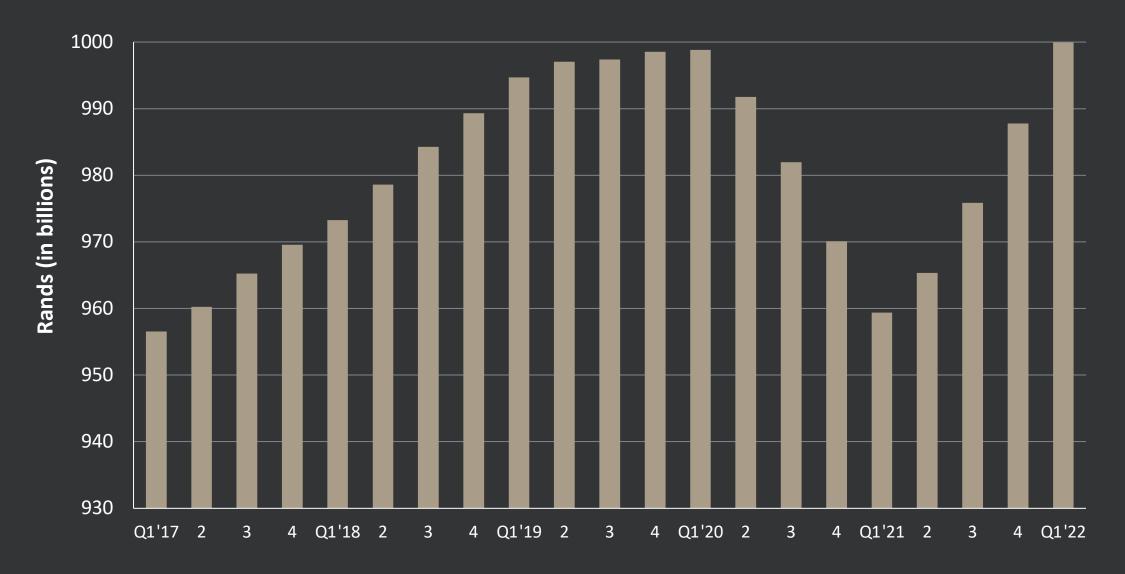




Manufacturing sales at constant 2022 prices







Note: 4-quarter average. Sources: SARB; own calculations



Upgrading of sovereign debt by international ratings agencies

V-shaped economic recovery for most key sectors

Upward phase of super cycle for commodities intact Higher levels of business confidence (PMIs)

Paradigm shift in economic policy, emphasising growth and job creation

Visible signs of institutional combating of corruption (including arrests)

Fundamental balance of payments stability

Redevelopment opportunities due to telecommuting trend

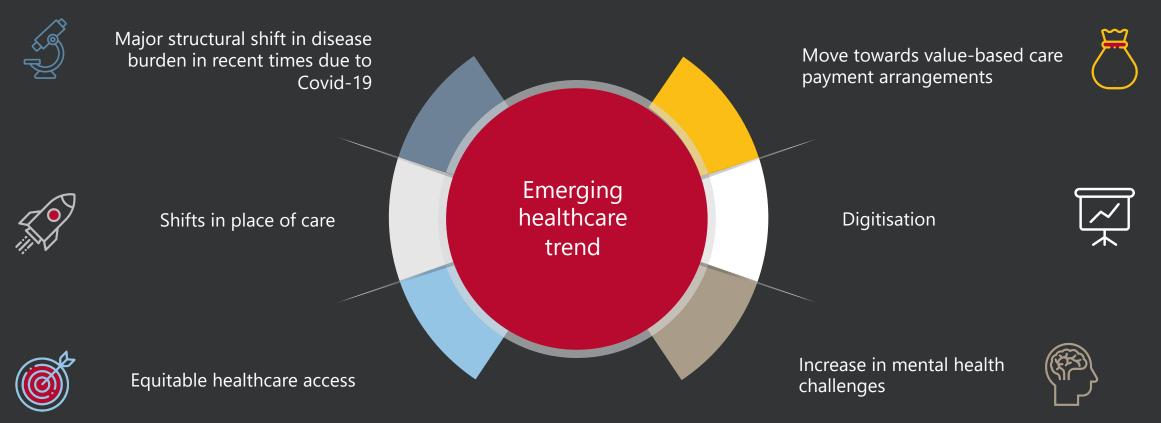
High global ranking for soundness of banks

Strong and diversified agriculture sector

Pent-up demand due to pandemic

Stabilisation of debt/GDP ratio

Emerging trends in global and local healthcare





Audited financial statements

Membership growth and contributions We met our target exceeding 340 000 for the first time

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Fraud, waste and abuse

Lower recoveries due to the claims mix featuring reduced specialist claims compared to hospital claims

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Investment performance Excellent yields with our equity strategy and investment bonds paying off

Claims trends

Higher claims with an anticipated uptake in elective surgeries to come

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Cost-saving initiatives

Significant savings impact following collective hospital negotiations in 2020

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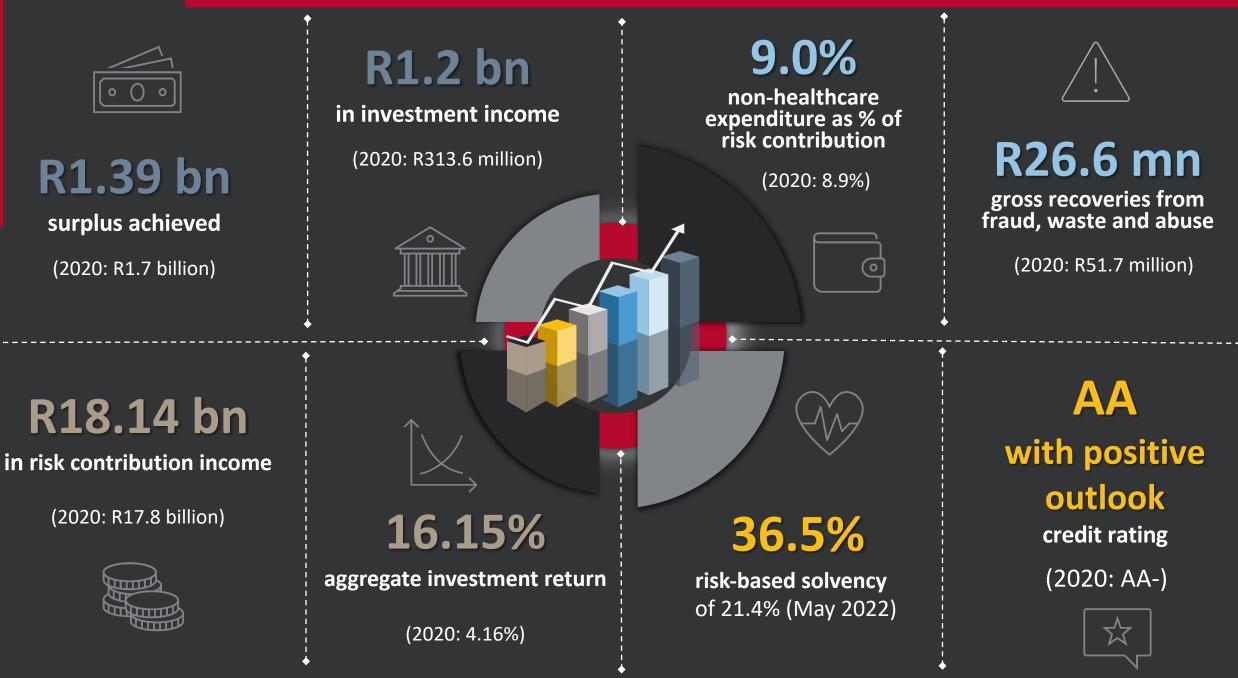
No.

Reserves ers funds rema

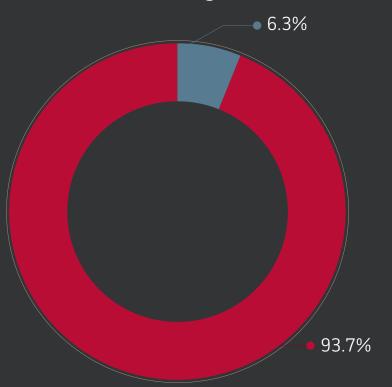
Members funds remain healthy, enabling Bonitas to limit contribution increases



Financial indicators



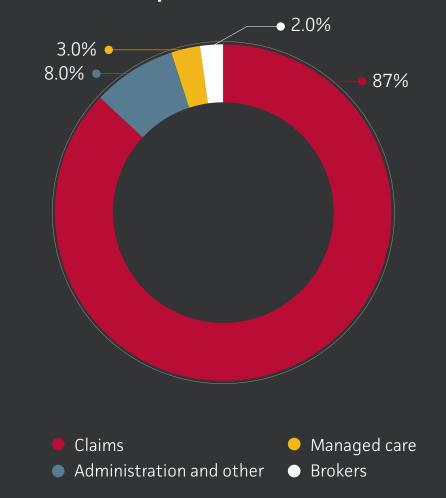
Where our funding comes from



Risk contribution income

Investment income

How we spent these funds





Solvency trends in the industry

The open scheme industry's solvency level has been stable over the past 10 years

The open scheme industry had a collective solvency level of 29,35% at the end of 2019 and 38,71% at the end of 2020

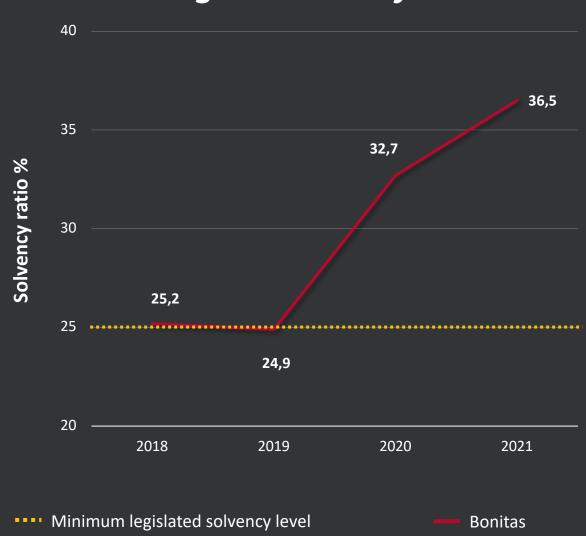


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These changes were largely due to the impact of COVID-19 – we anticipate that the 2021 financials will show a similar trend

38,71% Average solvency for open schemes **52,51%** Average solvency for closed schemes

44,55% Average solvency for overall industry







Accumulated reserves

Audited financial statements

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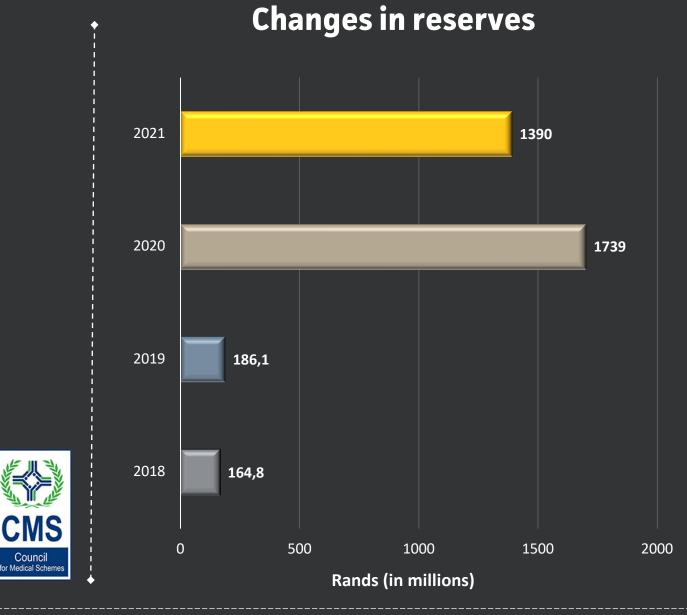
Accumulated reserve trends in the industry

A pandemic without lockdown measures curbing the spread would have been detrimental to scheme reserves, as the cost per hospitalisation event increased drastically in 2020

It is envisaged that scheme reserves will be utilised when the pent-up demand is released in coming years – thus it is critical for Schemes to balance affordability and long-term sustainability

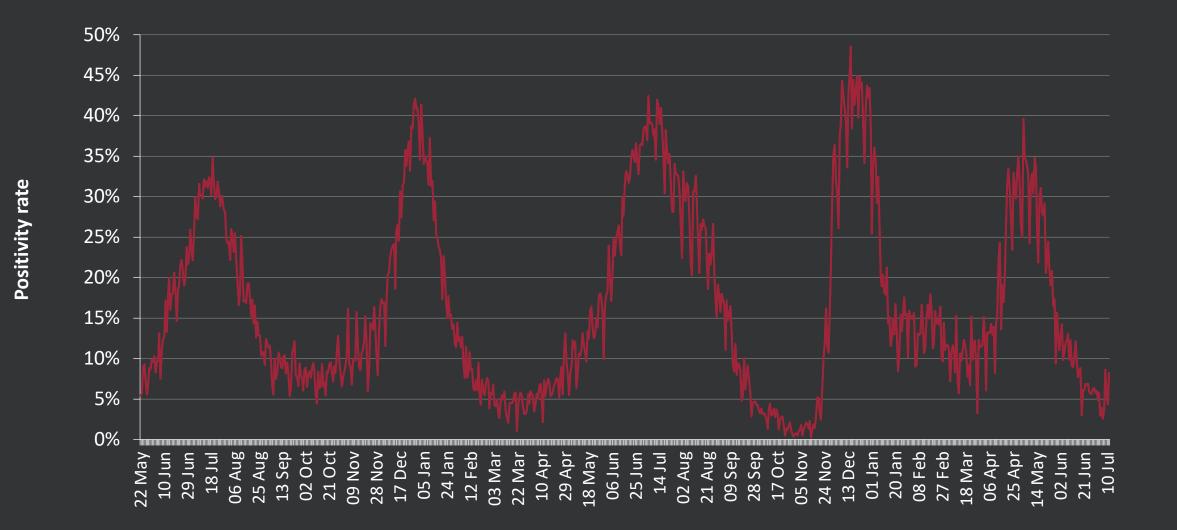
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The decrease in screening activities during 2020 would also affect downstream costs as early detection normally results in lower costs and better clinical outcomes. The full impact of the pandemic is therefore not confined to COVID-related claims.





Covid prevalence for Bonitas membership: May 2020 to July 2022



Medical Aid For South Africa



STATEMENT OF FINANCIAL POSITION

AT 31 DECEMBER 2021

	2021	2020
Notes	R'000	R'000
ASSETS		
Property and equipment 4	4 231	9 125
Investment properties 5	77 000	77 700
Financial assets held at fair value through profit or loss6	4 784 072	4 279 785
Non-current assets	4 865 303	4 366 610
Financial assets held at fair value through profit or loss 6	3 461 898	2 859 688
Insurance, trade and other receivables 8	706 417	719 066
Cash and cash equivalents 9	766 465	611 090
Current assets	4 934 780	4 189 844
Total assets	9 800 083	8 556 454
MEMBERS' FUNDS AND LIABILITIES		
Accumulated funds	7 447 331	6 059 840
Members' funds	7 447 331	6 059 840
Lease liability 4.2	-	3 047
Non-current liabilities	-	3 047
Outstanding risk claims provision 10	904 350	976 275
Personal medical savings accounts liability 11.1	894 037	812 078
Insurance, trade and other payables 12	551 318	669 731
Lease liability 4.2	3 047	3 605
Derivative financial instruments 7	-	31 878
Current liabilities	2 352 752	2 493 567
Total Members' funds and liabilities	9 800 083	8 556 454

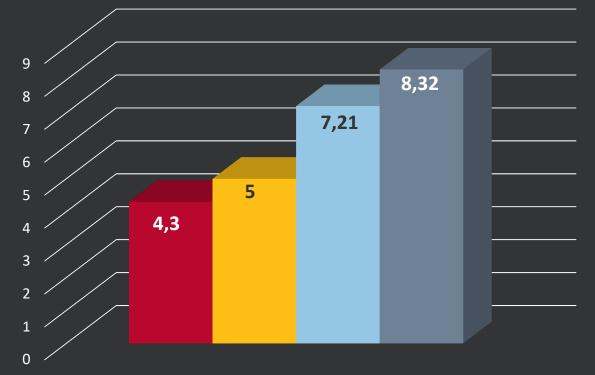


STATEMENT OF COMPREHENSIVE INCOME

FOR THE YEAR ENDED 31 DECEMBER 2021

Notes	2021 R'000	2020 R'000
Risk contribution income13Relevant healthcare expenditure14	18 138 159 (16 289 636)	17 797 746 (14 771 240)
Net claims incurred 14	(15 851 053)	(14 346 005)
Risk claims incurred Third party claim recoveries	(15 913 500) 62 447	(14 405 261) 59 256
Accredited managed healthcare services14Net income on risk transfer arrangements14	(549 251) 110 668	(551 530) 126 295
Risk transfer arrangement fees/premiums paid Recoveries from risk transfer arrangements	(1 531 348) 1 642 016	(1 360 518) 1 486 813
Gross healthcare resultBroker service feesAdministrative expenditure15Net impairment losses on healthcare receivables16	1 848 523 (360 620) (1 276 920) (63)	3 026 506 (334 827) (1 221 891) (20 281)
Net healthcare result	210 920	1 449 507
Investment and other income	1 243 833	347 039
Other expenditure	(67 262)	(56 785)
Surplus for the year	1 387 491	1 739 761
Total comprehensive income for the year	1 387 491	1 739 761





2018 2019 2020 2021

	2018	2019	2020	2021
Investment return %	4,2	3,7	4,16	16,15
				(excl cash)

Investment strategy optimisation

Targeted investment return **8,1%** (CPI+3,5% per annum) Actual investment return **16,15%** (CPI+11,5% per annum)

Success of our strategic allocation approach (portfolio split into categories managed by asset management specialists per category)

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Consistent outperformance of industry (regular industry benchmarking, analysis and comparison)



Amalgamation impact

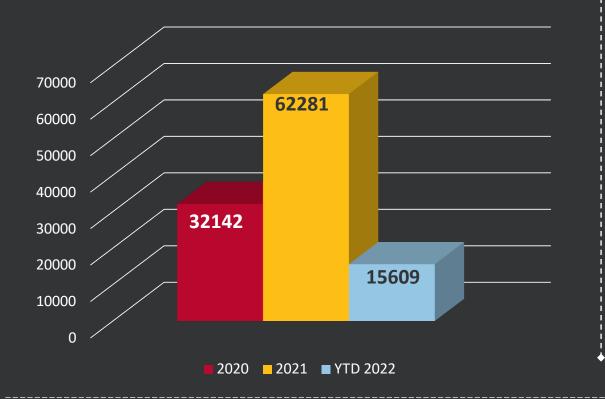
Bonitas absorbed R613 million of NMAS reserves upon completion of the amalgamation on 1 January 2022

COVID-19 impact

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Decline in number of positive cases for Bonitas



Claims categories that have normalised



*Pathology claims inflated due to COVID-19 tests

Claims categories that have <u>not</u> normalised







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Appointment of Deloitte as the Auditor for 2022

Deloitte.



Medical Aid For South Africa

Appointment of auditor



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Thank you.