





# CHAIRPERSON'S REPORT TO MEMBERS



# **BOARD OF TRUSTEES**



Mr OJ Komane Chairperson Elected Trustee



Mr R Cowlin
Vice-chairperson
Appointed Trustee



**ADV RT Monene**Elected Trustee



**Dr PW Hill** Elected Trustee



Mr MG Netshisaulu Elected Trustee



**Mr PJ Ribbens** Elected Trustee



**Mr JD Ngwane** Elected Trustee



**Ms V Rikhotso** Elected Trustee



**Mr J Bagg**Appointed Trustee



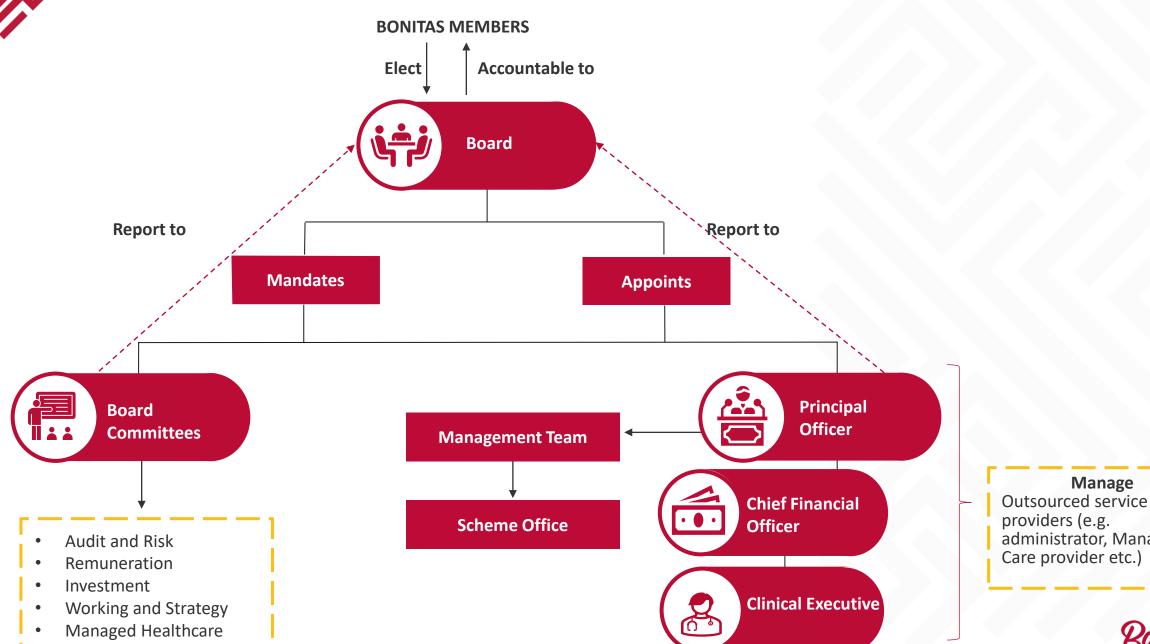
Mr JR Venter Elected Trustee

# **DUTIES OF THE BOARD OF TRUSTEES**

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**



Manage

administrator, Managed Care provider etc.)



# **KEY TOPICS OF BOARD DELIBERATION FOR 2022**



Product and benefit design

The Board ensured that the benefits and product design process delivered attractive options for current and potential members.



Affordable contribution increases

We ensured affordable average contribution increases given the economic and social pressures that emerged during the year.



Better option performance

We were able to transform loss-making options into surplus-making options.



Improved managed care

The managed healthcare programmes featured significant improvements to secure maximum satisfaction for Bonitas members.



Managing sustainability

The responsible use of reserves remains critical to Bonitas' long-term sustainability.



Driving stakeholder engagement

Continued
stakeholder
engagement and
feedback keep the
Board in tune with
new risks and
opportunities.



# **KEY BOARD PRIORITIES FOR 2023**



Continuous review process for benefits and product design will remain a priority.



The Board will monitor the implementation of the managed healthcare strategy to ensure improved quality of healthcare programmes.



We plan to further optimise GP, specialist and hospital networks.



Transformation remains a key focus area for the BOT as part of its fiduciary duties in promoting its corporate stewardship.







#### We support the concept of Universal Health Coverage

- ✓ To improve access to quality healthcare
- ✓ To enhance quality of life of all South Africans
- ✓ Contribute to addressing the social-economic imbalances, injustices and inequities of the past

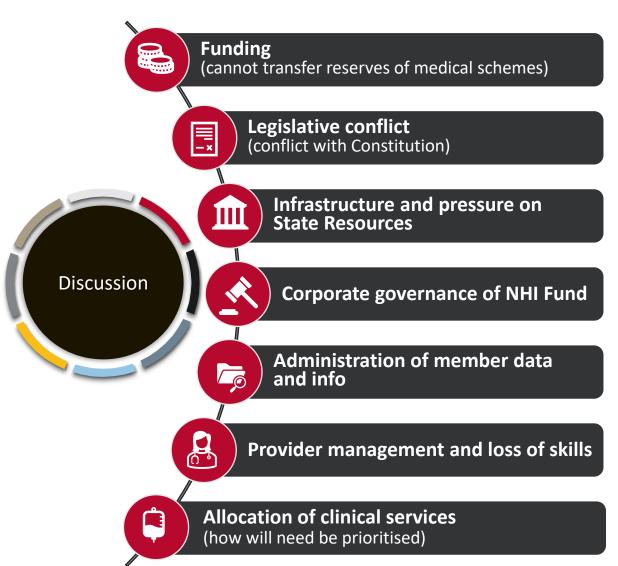
#### **But NHI is not UHC**



# Public/Private collaboration is critical for the success of NHI

✓ There is definitely a role for private medical schemes

Constitutional principles must be upheld





# **KEY INDICATORS**

Total estimated realisation through managed care initiatives

# **R447** million

(2021 : R407 million)

10%

Value for money score

R1.78

(2021:R1,49)

19.5%



# **R55.5** million

Gross recoveries from fraud, waste and abuse

(2021: R26.6 million)

# 14 585

new members were due to the amalgamation with NMAS, which concluded on 1 January 2022. This amalgamation serves to maintain and enhance Bonitas's reputation in the industry as an attractive and capable amalgamation partner.



# **2022 CLAIMS PAYOUT**

**R6.8Bn Hospital Costs** 

**12 171** 

Maternity/Pregnancy related admissions

Newborn admissions



Mental health admissions

Increase in the admission rate for mental health from 2021 to 2022



Cataract procedures



Intestinal infectious diseases admissions



Pneumonia admissions





Length of

Cost of





# **BONITAS THROUGH THE YEARS**

#### **Historically** ...

The second largest open medical aid in South Africa

Medical aid for the lower income target market





Today...

Affordable and easy to understand options for all income groups

The everyday hero brand

Medical aid that puts its members first

Medical aid that's in tune and sensitive to members' needs









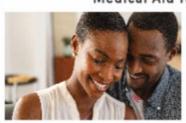


















Medical Aid for South Africa

# **A BRAND THAT PROTECTS**

#### **FOCUS AREAS**



To ensure the sustainability of the Scheme while meeting the needs of our members and employer groups

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



# **OUR APPROACH** Reliability Capability **Access**

Care

### **OUR VALUE PROPOSITION**

ingovernance, regulation and properties in the second seco

As the medical aid for South Africa, we:

[ASA]

Care about our members so we always act in their best interest

Partner with the best services providers so our members have access to quality care at affordable rates

Keep people healthy assist when they are ill and help create maximum value for them. We also make corporates healthier so they are more productive and engaged

Are financially stable so we always act in our members best interests

**Find innovative ways to connect** with our members including our helplines, service centres, website, app, WhatsApp and social media

Offer a wide range of plans that are easy to use and understand to suit a broad variety of healthcare needs

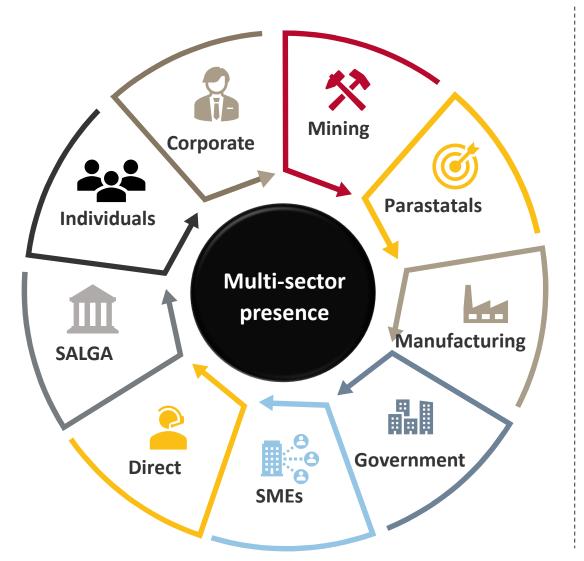
We are the only medical scheme with a presence across South Africa in all market sectors

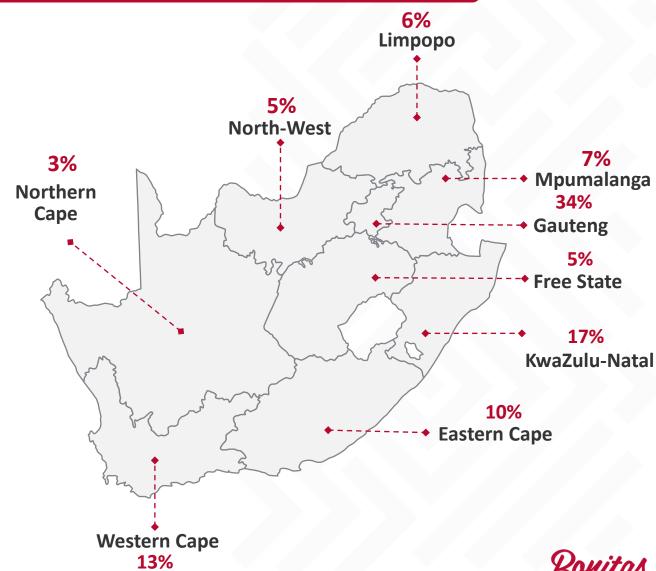


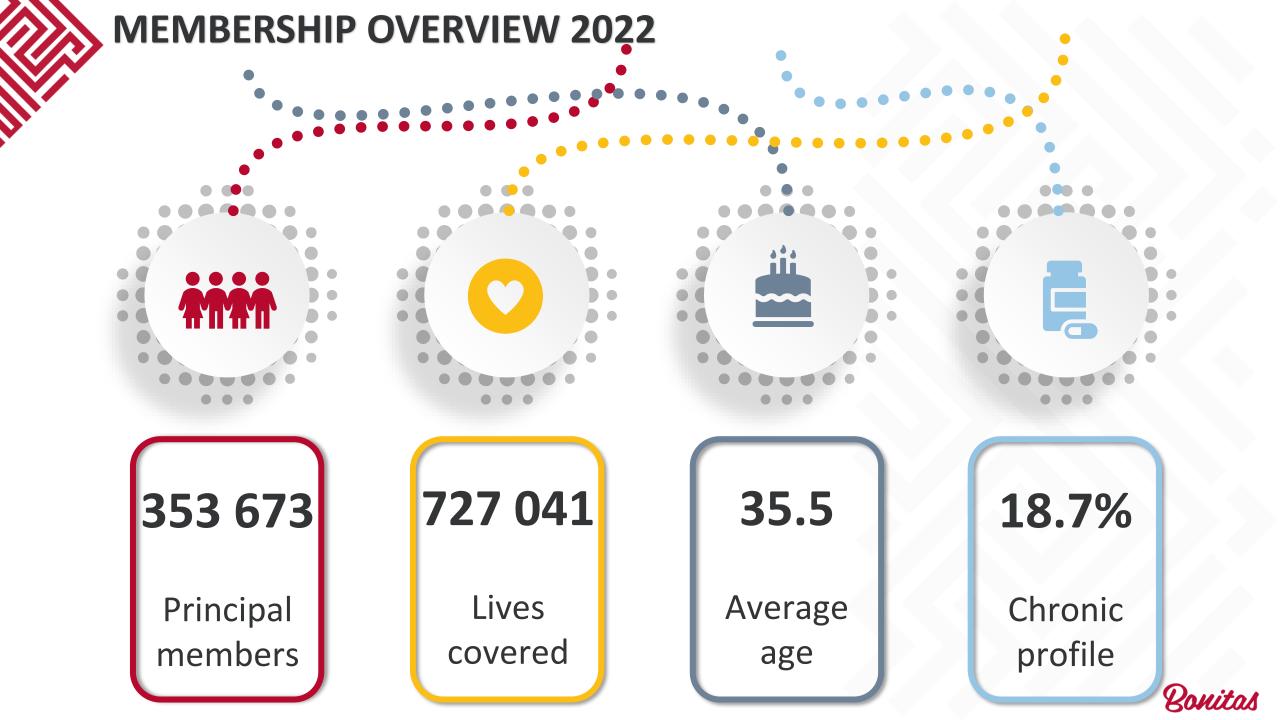


# **OUR FOOTPRINT**

Bonitas has a 15% market share of the open medical scheme market







# **NEW MEMBERSHIP ANALYSIS**

**62 031** 

new principal members added in 2022



Over

28 000

new principal members added YTD 2023

Member acquisition

Membership split



76%

of new members joined
Bonitas through
corporate groups and
paypoints
while

24%

of joined as individual members

Average age

38

years old

Average family size

2.1

Mainly based in

Gauteng (40%)

**Demographics** 

**Industry comparison** 



Outperforming the industry with net growth for consecutive years

Membership comparison

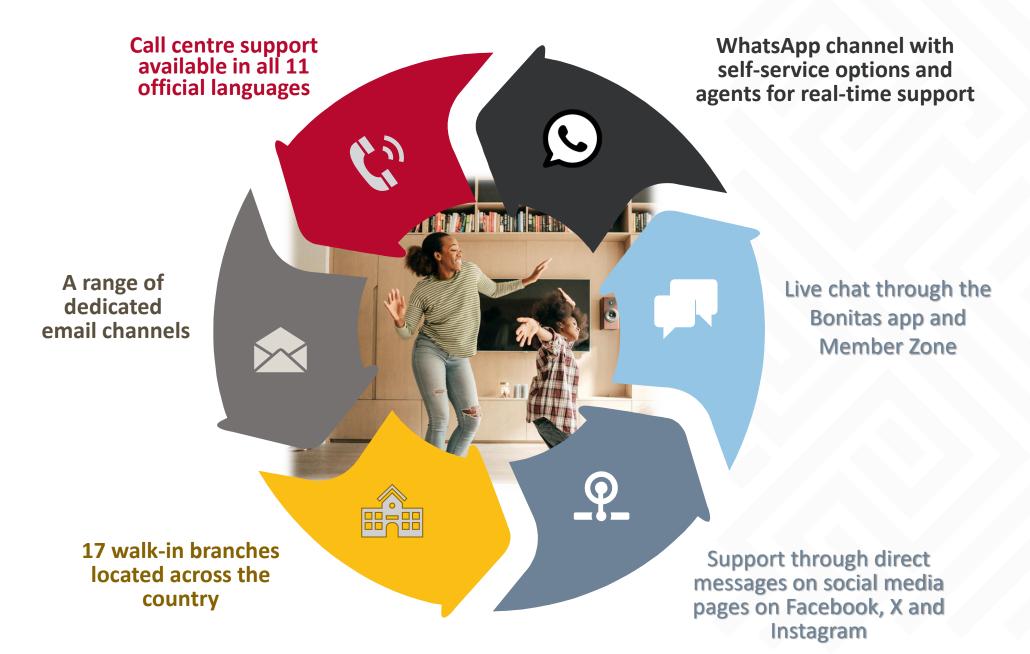
2022 353 673

2021 340 119

2020 333 141



# **MULTIPLE TOUCHPOINTS FOR MEMBERS**





# **CARING FOR OUR MEMBERS**



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



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

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



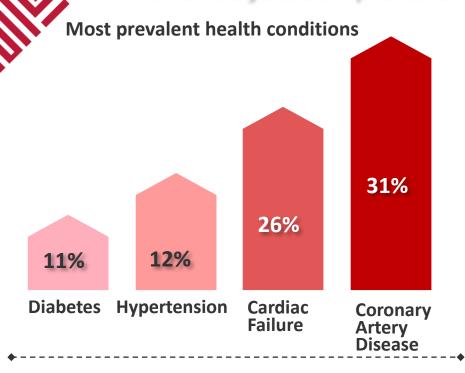
Broader access to preventative care benefits paid from risk, to proactively support members at all live stages (incl. childhood vaccines and vaccines for the elderly)





# **SCREENING**

A renewed focus on preventing disease & keeping members healthy



#### **Health risk assessments**



- Blood pressure
- o Glucose
- Cholesterol
- Body Mass Index
- Waist-to-hip ratio

- HIV tests
- o Pap smear
- Flu vaccines

#### Early intervention is key



#### Diabetes symptoms may not present for a long-time

Complications are far worse if individuals do not get diagnosed and treated properly. These include premature heart disease and stroke, blindness, limb amputations and kidney failure.



#### Hypertension triggers more heart attacks and strokes

High blood pressure triggers more heart attacks and strokes in South Africa than any other cause; it kills more people worldwide than smoking, diabetes or obesity.

#### **Complications in childbirth**

For women with diabetes
36% of deliveries
resulted in newborn
complications
and admissions



Women with hypertension had the highest number of newborn complications with

33% of deliveries from hypertensive women resulting in newborn complications and

admissions



# SCREENING: MEMBER PERCEPTION OF THEIR OWN HEALTH A renewed focus on preventing disease & keeping members healthy



#### Alcohol use

Avg. no. alcoholic drinks per week

1.42

3%

%age > 10 drinks per week



#### **Smoker status**

Smoker > 20 cigarettes per day

Smoker < 20 cigarettes per day

Ex - smoker

Never smoked

#### **Healthy habits**



> 30mins physical 62% activity at least 5 days a week



Eat fruit and vegetables daily

81%



#### Perception of health

3.4%	34.7%	61.9%
Poor	Fair	Good



#### Motivation to improve overall health

Not interested

Somewhat interested

Very interested

1.3%

21.4%

77.3%



#### **Family history**

Diabetes

46%

Cardiovascular disease

**17%** 



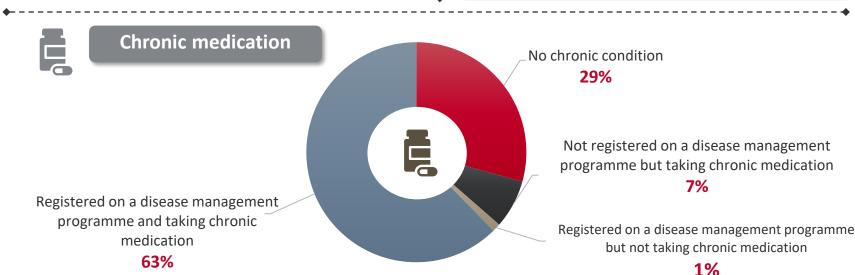
#### **Anxiety and depression**

Risk stratification done using the Patient Health Questionnaire for Depression and Anxiety (the PHQ-4)

73%	18%	5%	4%
Normal	Mild	Moderate	Severe

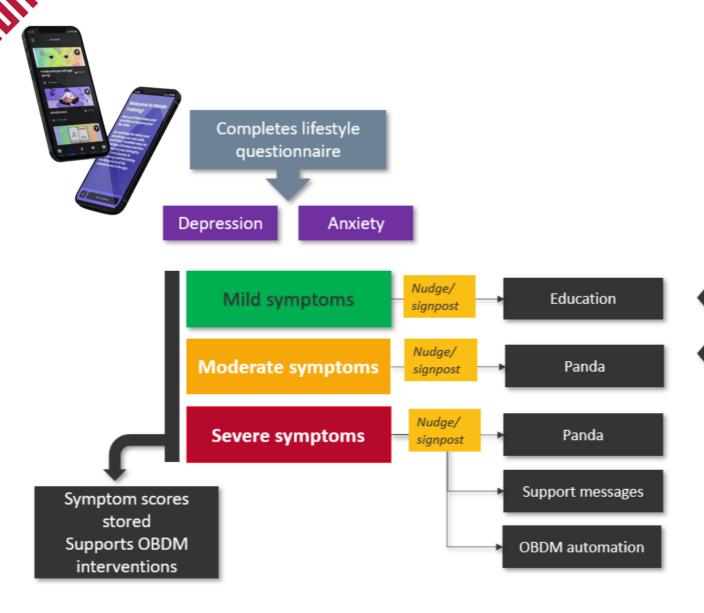
7%

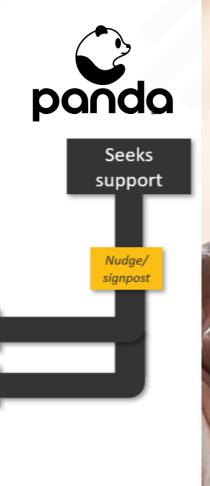
1%

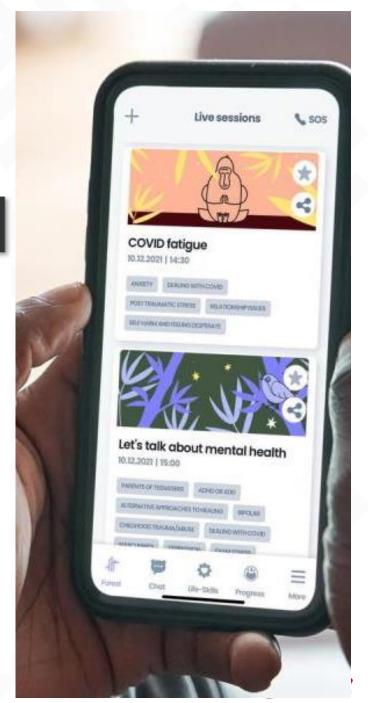


# **MENTAL HEALTH**

Significantly improving access to mental healthcare







# **INCREASED PREVALENCE OF MENTAL HEALTH**



#### **25-27%** increase

in anxiety and depression across the world since the pandemic

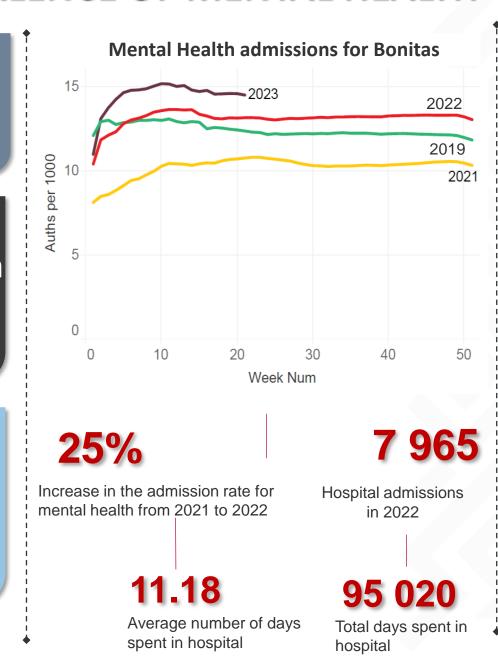
South Africa has a 12-month prevalence estimate of **16.5% for common mental disorders** 

(anxiety, mood and substance use disorders)



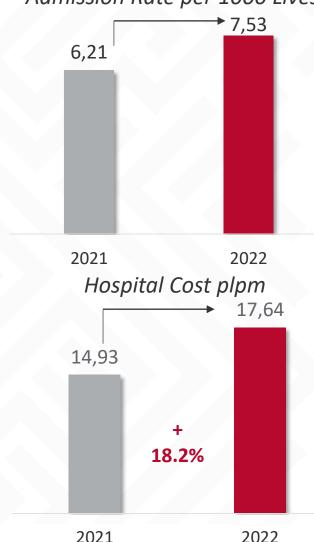
36.4% increase in prevalence of anxiety disorders in South Africa

38%increase in the prevalence of major depressive disorders



# Major depression and other affective disorders

Admission Rate per 1000 Lives



Source: World Health Organization

# MANAGED CARE PROGRAMME ENROLMENT



202 611

Beneficiaries registered for chronic medicine

4.3%

(2021:194199)



40 311

Beneficiaries on the HIV/AIDS programme



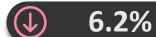
4%

(2021:41977)



12 724

Beneficiaries on the cancer programme



(2021:13562)



67 641

Beneficiaries on the diabetes programme



(2021:63780)



7 144

Beneficiaries identified for the back & neck programme

**42.3%** 

(2021:5022)



# **RECOGNISED AS A LEADER IN THE INDUSTRY**





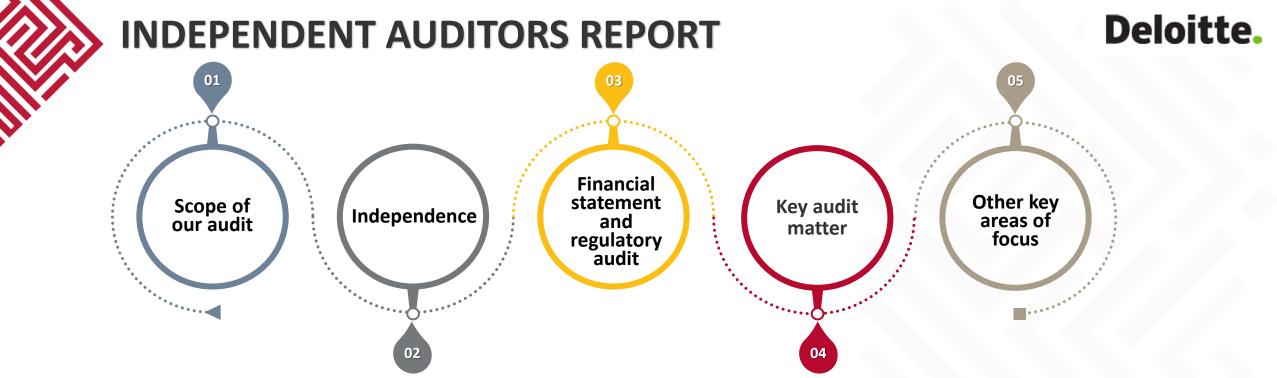












#### TO THE MEMBERS OF BONITAS MEDICAL FUND: REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

#### **Opinion**

We have audited the financial statements of Bonitas Medical Fund (the Scheme) set out on pages 97 to 160, which comprise the statements of financial position as at 31 December 2022, 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 2022, 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.

# **INDEPENDENT AUDITORS REPORT**



#### **KEY AUDIT MATTER**

#### **Outstanding claims provision:**

As disclosed in Note 10, the carrying amount of the Outstanding Claims Provision ("IBNR") at year end was R960.5 million (2021: R904.4 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 several 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 considered 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.



# **INDEPENDENT AUDITORS REPORT**



#### **KEY AUDIT MATTER**

#### **Outstanding claims provision:**

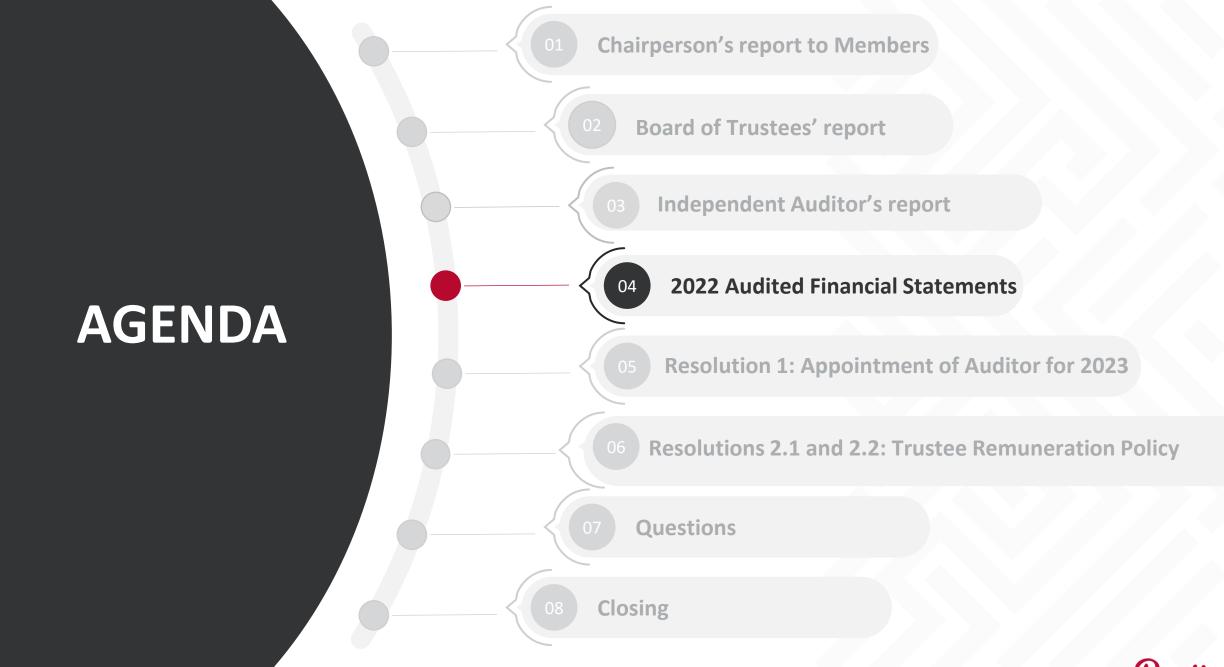
#### How the matter was addressed in our audit

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;
- Assessing the presentation and disclosure in respect of the IBNR and considered the adequacy of these disclosures; and
- 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.





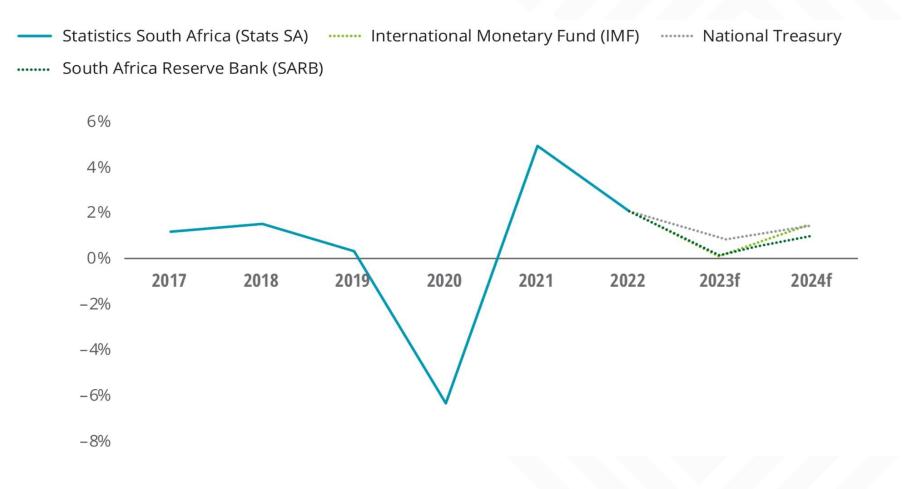


# PROJECTED GDP GROWTH

"Low to no real GDP growth in 2023 is on the cards"

# **Deloitte.** *Insights*

South Africa GDP growth (%, constant prices), 2017-2024 (forecast)





# **MACRO-ECONOMICS FORECAST**

"The latest GDP data shows that South Africa is not in a recession. However, economic growth is meagre at present, registering only 0.2% q-o-q in 2023Q1. As such, it is not surprising that the unemployment rate increased from 32.7% in 2022Q4 to 32.9% in 2023Q1."

Macroeconomic forecast	(June 2023)
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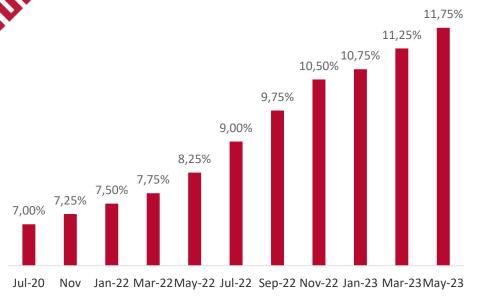
Baseline scenario	2021	2022	2023f	2024f
ZAR/USD	14.78	16.37	18.20	18.70
Consumer price inflation (%)	4.6	6.9	6.1	5.5
Repo rate (end-of-period)	3.75	7.00	8.25	7.50
Real GDP growth (%)	4.7	1.9	0.3	0.9
Unemployment rate (%)	35.3	33.0	33.6	34.1





# **INCREASING INTEREST RATES**

#### **SA Prime lending rate trend**



R1 million

**R7 753** 

R10 837



**R1** million

38.9% increase



R5 346

R5 972



R300 000

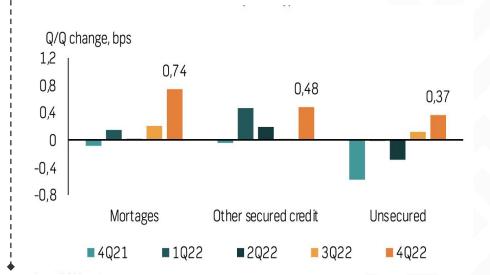
11.7% increase

#### Secured v unsecured credit



consumption credit at a relatively faster pace. The switch from asset-backed to consumption credit has been driven by distressed borrowing, amid higher living costs.

#### **Defaults by credit type**



**Credit defaults are rising across all credit types**, both in the bank and non-bank sectors.

Mortgages saw the largest increase in defaults, of about 74bps, while unsecured credit saw the least increase of 37bps



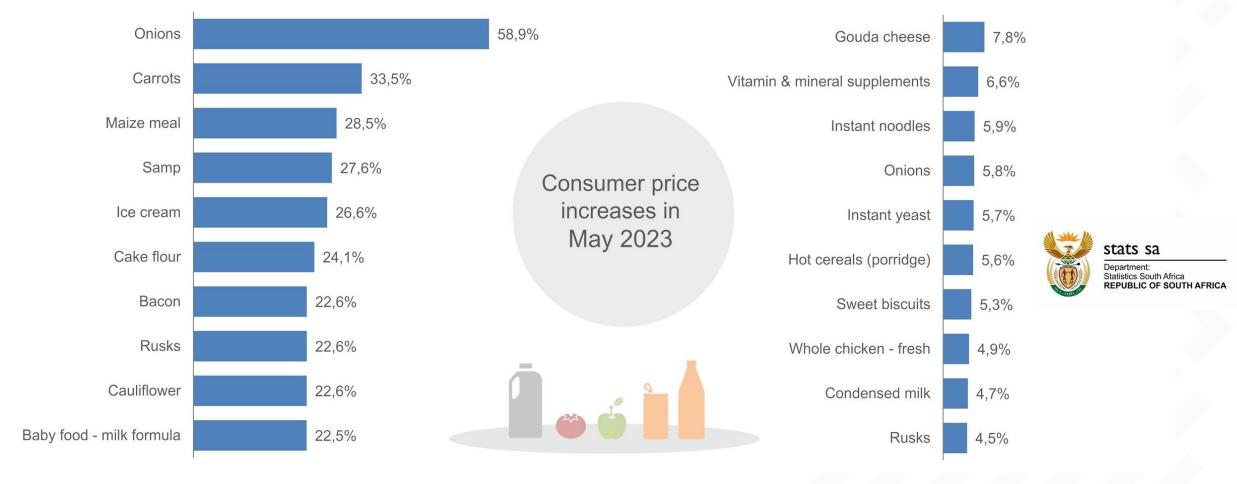
Source: https://www.fnb.co.za/blog/investments/articles/EconomicsWeekly-06 06 23/

# **HIGHER COST OF LIVING**

#### Changes in prices May 2022 v May 2023

Products that have become more expensive over the last year Percentage change in price indices, May 2023 compared with May 2022

The largest price changes between April and May Percentage change in price indices, May 2023 compared with April 2023





# **FINANCIAL PERFORMANCE**

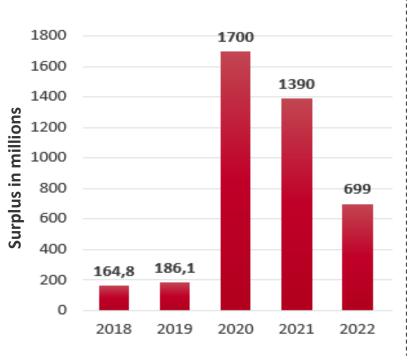


# R699m

surplus achieved

(2021: R1.39 billion)

#### 5-year trend of surpluses achieved



# **R1.7bn**

**Gross healthcare result** 

(2021: R1.8 bn)





41.3%

**Solvency ratio** 

(2021: 36.5%)





# R19.18 bn

in risk contribution income

(2021: R18.14 billion)

9.2%

non-healthcare expenditure as % of risk contribution

(2021:9.0%)

4%

Growth

353,763 principal members

#### **Investment performance**

# **R781m**

in investment income

(2021: R1.2 billion)

7.2%

aggregate investment return

(2021 16.15%)

89%+

Asset managers outperformed their benchmarks





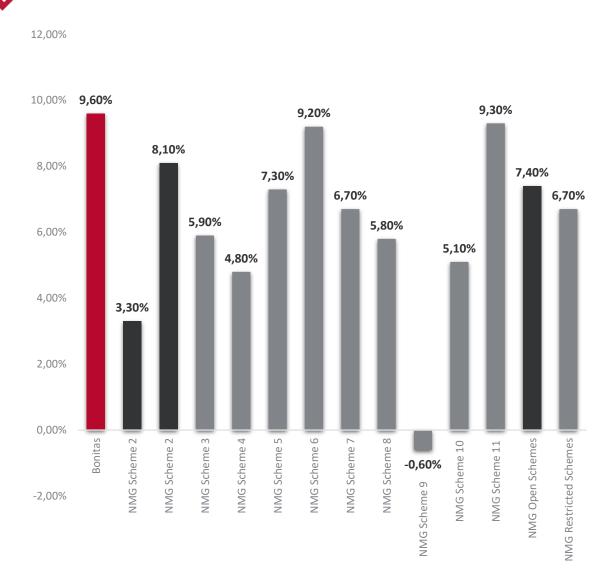
# STATEMENT OF FINANCIAL POSITION AS AT 31 DECEMBER 2022

	2022 R'000	2021 R'000
ASSETS		
Non-current assets	4 978 110	4 865 303
Current assets	6 355 490	4 934 780
Total assets	11 333 600	9 800 083
MEMBERS' FUNDS AND LIABILITIES		
Members funds	8 759 140	7 447 331
Non-current liabilities	7 791	-
Current liabilities	2 566 669	2 352 752
Total Members' funds and liabilities	11 333 600	9 800 083

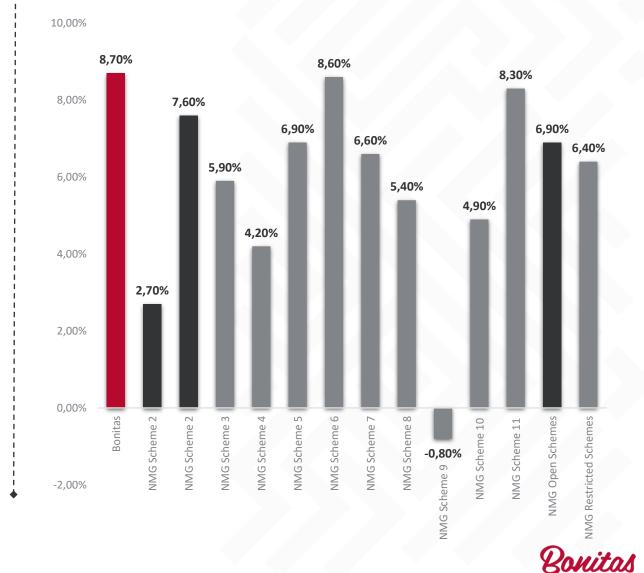


# **INVESTMENT PERFORMANCE**

Investment returns before investment expenses per scheme (2022)



Investment returns net of investment expenses per scheme (2022)



# PRUDENT FINANCIAL MANAGEMENT OF THE SCHEME

#### Non-healthcare costs

Non-healthcare costs as a percentage of risk contribution income remain significantly below the industry 11,0 2017 2018 2019 2020 2021 2022 Open Scheme Industry **—**Bonitas

#### Value realisation

# **R447** mil

Total estimated value realisation through managed care initiatives

#### Value creation

Value for money industry proxy:

R1,55

Bonitas value for money:

**R1,78** 

Deloitte.

#### **Health Risk Management**

Focussing on quality and cost through interventions geared towards improving the value of affordable healthcare

#### **Strategic purchasing**

Significant savings impact following successful collective bargaining and negotiation with hospital groups



Reduction in hospital costs in 2022 (2021: R198 million) following another successful collective bargaining process with hospitals





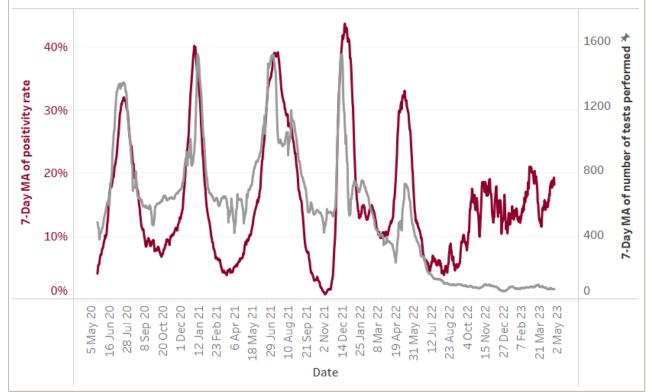
# **COVID-19 EXPERIENCE**

## Bonitas COVID-19 Dashboard

#### Total Tests Performed: 594 909

Reported in 2022: 102 495 Reported in 2023 YTD: 8 068





All figures are based on data received up to 2 May 2023

Total COVID-19 Hospital Admissions: 25 927

Reported in 2022: 3509

Reported in 2023 YTD: 426

Bonitas Lives Currently in Hospital:



62

(-1.6%)

2023 Admission Rate

34%

2023 ICU Admission Rate

12%

Total COVID-19 Deaths: 3 939

Reported in 2022: 194

Reported in 2023 YTD: 16



COVID-19 costs in 2022

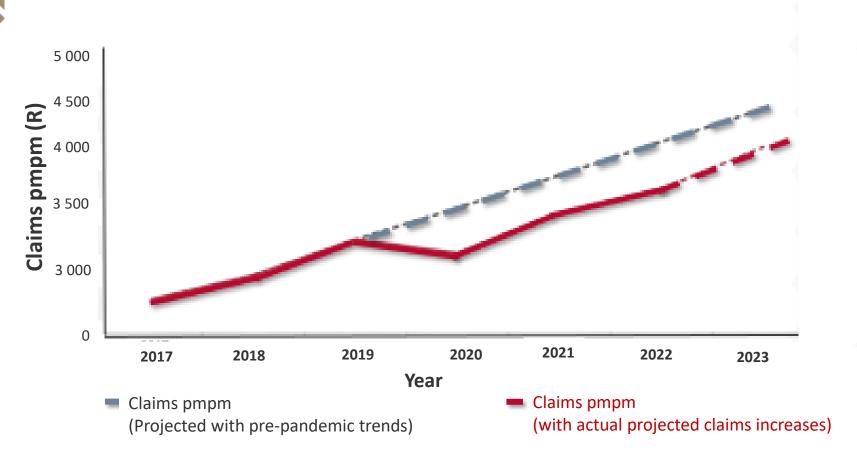
**R425.9 mil** 

2021: R2.6 billion ▼



# **HEALTHCARE UTILISATION TRENDS**





The historical healthcare claims increases experienced by the Fund have been increasing annually by more than 3% above CPI

Claim increase trends were interrupted by the lower claims utilisation in 2020

Projected increases in claims for 2023 are projected to be 7.4% below the levels projected prior to the pandemic (if past trends continued).

This gap would likely narrow in future years

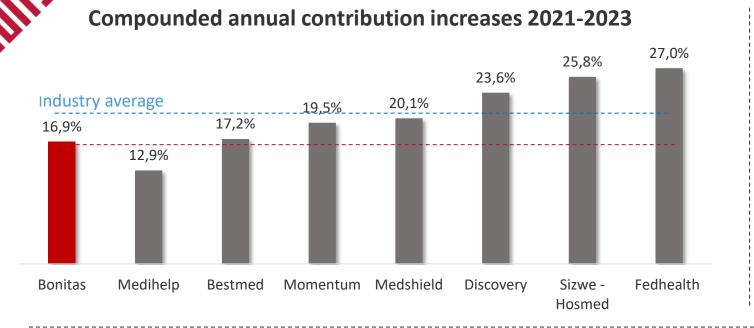
#### While utilisation has increased claims since 2020, utilisation trends remain uncertain for 2023 and will be influenced by:

- Elective (discretionary) procedure claims catch-up
- Additional COVID-19 treatment costs not in claims base
- Long COVID impacts

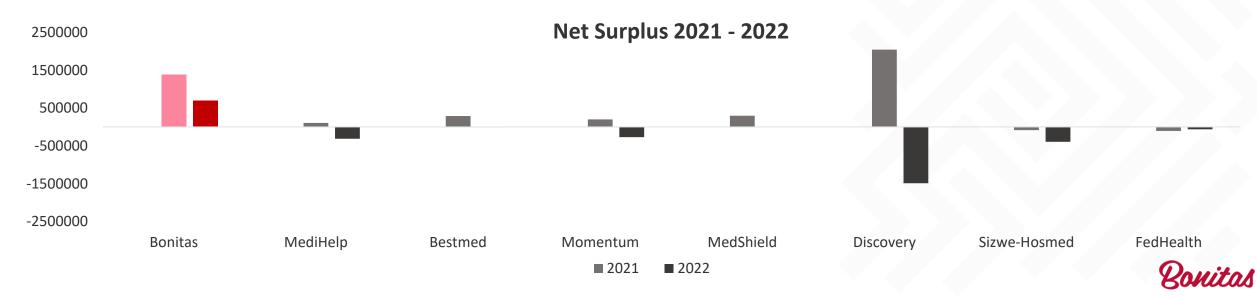
- Health-seeking behaviour changes during possible future COVID-19 waves
- Burden of disease changes



# **MAINTAINING MEMBER AFFORDABILITY**



2023
7.5%
8.5%
8.5%
6.7%
8.2%
11.9%
8.8%



### FINANCIAL RELIEF FOR MEMBERS



**4.6%** 2021

**4.8%** 2022

2023

5.9%

excl. contribution freeze

4.4%

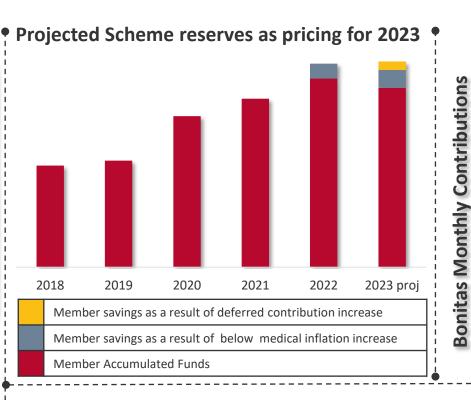
incl. contribution freeze

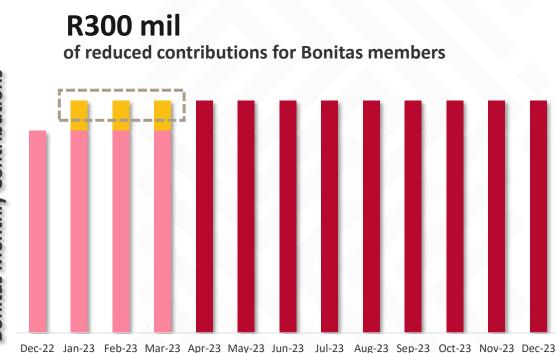
#### **RELIEF TO MEMBERS**

By applying very low contribution increases since 2021

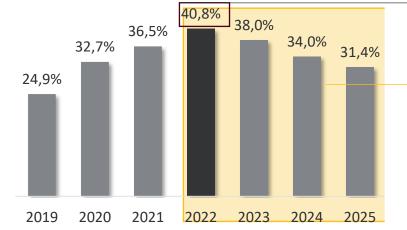
**R1.4 Bn** 

has been passed back to members in 2022 and 2023





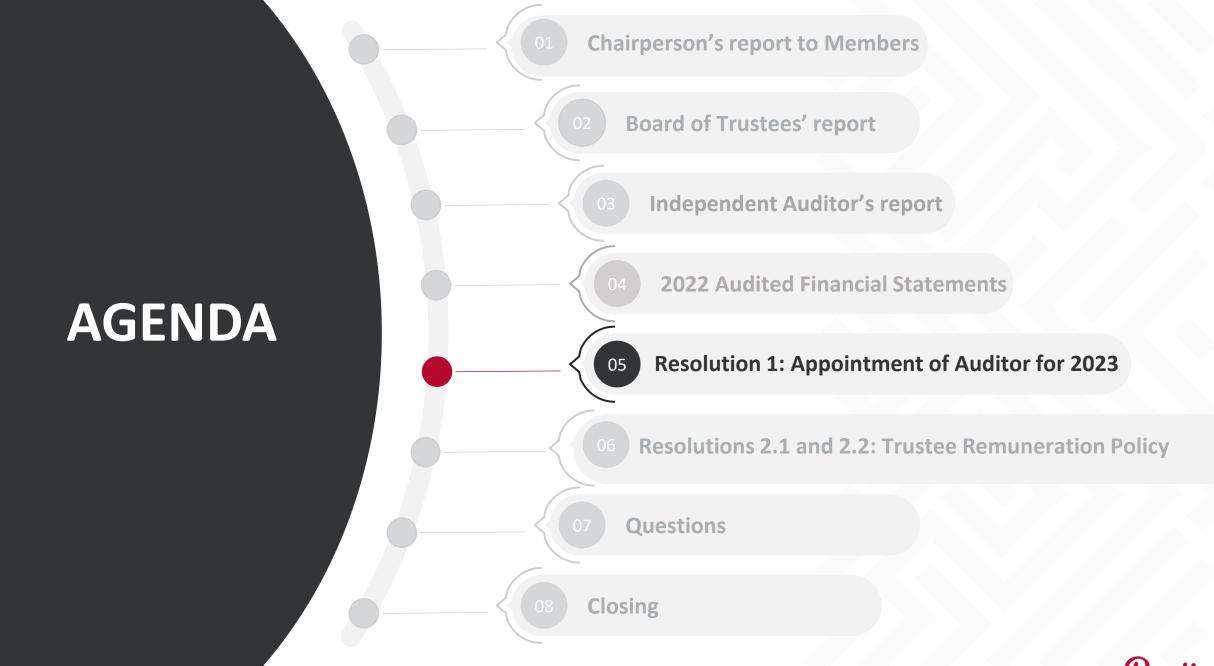




Assumed a time of setting Budget; AFS ended on **41.3**%

Strategy adopted to continue utilising solvency to protect members from high contribution increases



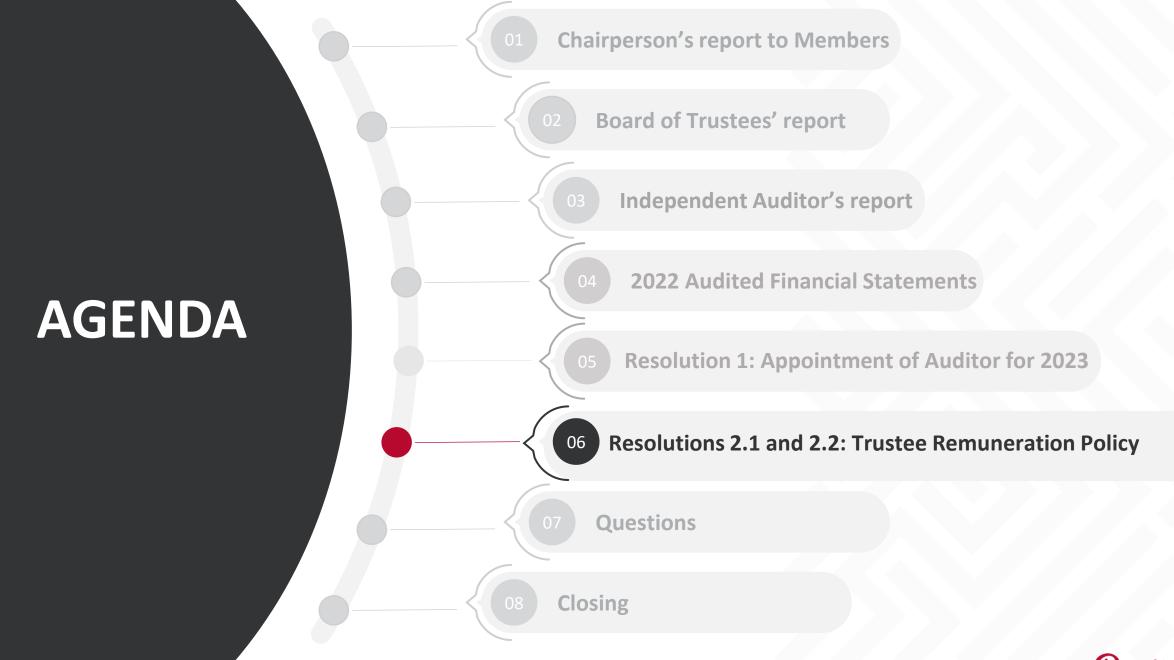






Deloitte.









#### **OVERVIEW**

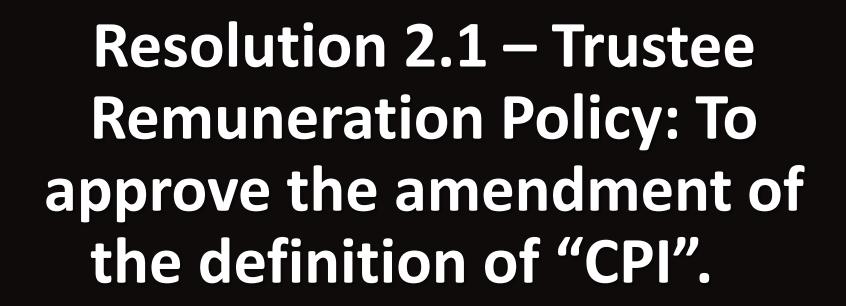
- The Trustee Remuneration Policy was approved by the Members at the Annual General Meeting ("AGM")
  held on 19 August 2019 ("the Policy").
- No amendments have been made to this Policy since this date, and therefore the Policy remains in force, and Trustee Remuneration increases for the years 2020, 2021 and 2022 were only CPI related, as contemplated by the Policy.
- In terms of **section 8.3 of the Policy**, the Policy shall be approved by Members at the AGM and shall only require approval by Members at the AGM for subsequent years if there are fundamental changes to the Policy or if increases for such remuneration are above the CPI rate.
- Reference to clause 8.3 in the Policy: "This Policy will be approved by members at the AGM and will only require approval by members at the AGM for subsequent years if there are fundamental changes to the Policy or if increases for such remuneration are above inflation rates."

As an outcome of the current review process of the Policy there are two issues which require the approval of Members, being:

**Resolution 2.1** - Trustee Remuneration Policy: To approve the amendment of the definition of "CPI".

**Resolution 2.2** - Trustee Remuneration Policy: To approve an increase in the fees of the Chair of the Board above the CPI rate.







#### Members are requested to vote on whether the following amendment is approved:

	Current CPI definition:	Amended CPI definition:
•	"CPI - Refers to the Consumer Price Index. For purposes of this Policy this shall refer to the calendar year average of the preceding year."	"CPI - The consumer price index (CPI) is the official measure of inflation in South Africa. For the purposes of CPI, the Scheme recognises CPI as the annual headline consumer price inflation
		published by StatsSA as at April of the current year."

The rationale for the proposed CPI definition amendment is to ensure:

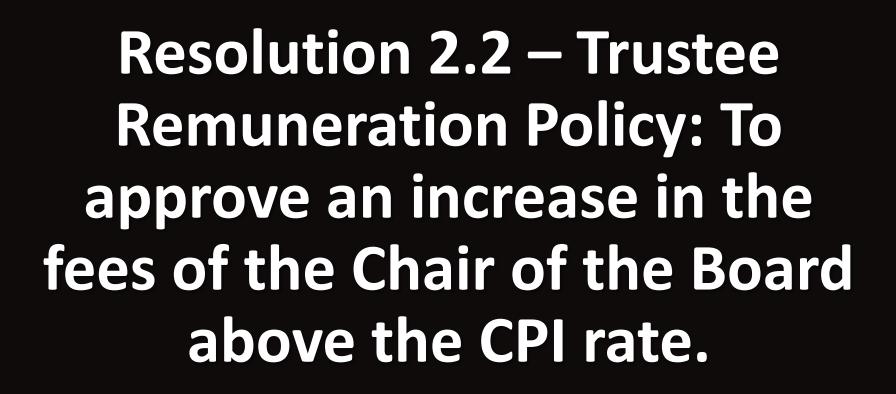
- Alignment with other Scheme Remuneration related policies and to ensure better alignment with regards to timelines in terms of the application of CPI for Trustee Remuneration as increases are only effective on 1 September each year.
- Applying previous year calendar averages of CPI for increases would result in a significant time lapse, and potentially skewing the market-related increase to be considered for calculating the trustee remuneration increase.

Based on the proposed amended CPI definition the following increases shall apply to Board Members and Board Members represented on other Committees which is in line with CPI as published by StatsSA as at April 2023:

- ✓ Board Members CPI of 6.8% increase on both the Retainer Fee and the Meeting Fee.
- Board Members represented on other Committees CPI of 6.8% increase on the Meeting Fee.

Based on the above, Members are required to consider approving the proposed amended definition of CPI in the Policy as set out above.









Scheme Management endeavours to participate in Medical Scheme specific Trustee Remuneration benchmarking at least every second year. Willis Towers Watson conducted benchmark research on the remuneration guidelines for the Board of Trustees and Board Committees of Medical Schemes. The Peer Group utilised for the Trustee Remuneration benchmarking included eight medical schemes of which four participated (including Bonitas).

As an outcome, when benchmarking against the Peer Group it is evident that the Fees for the Chairperson of the Board is not aligned to the average paid by the Peer Group, taking into account that all the medical schemes that formed part of the Peer Group are smaller in size (membership and reserves) compared to Bonitas.

The Remuneration Committee, which is an independent body, considered the benchmarking and is therefore recommending a staggered approach to align the Fee per meeting over a period of time as opposed to a once-off increase. **Therefore, the recommendation regarding the increase in the Chairperson's remuneration is as set out below:** 

	Ave Peer	Prop	Proposed		Current			
Fees	Group	Bonitas	% Variance	Bonitas	% Increase	Current Per Month	Proposed Per Month	
Retainer	385,939	405,000	4.9%	337,452	20.0%	28,121	33,750	
Fee per meeting	41,690	25,511	-38.8%	21,259	20.0%	21,259	25,511	

Based on the above, Members are required to consider approving a 20% increase on the Retainer Fee and a 20% increase on the Meeting Fee for the Chairperson of the Board which reflects an increase above CPI. It is to be noted that this extraordinary adjustment does not affect any of the other office bearers or trustees.







# QUESTIONS



# Bouitas

Siyabonga

**Enkosi** 

Thank you

Ke a Leboga

**Dankie** 

