

Thank you for participating and posting your questions during the virtual Annual General Meeting ("AGM") held on 16 August 2023. Below are the questions received together with answers. It should be noted that all technical-related questions with regards to access, sound, etc. were dealt with on the day by the technical team and therefore not included below. In addition, any questions received that contained information of a personal nature, will be handled with the member directly to protect their privacy.

Should you have any further queries please contact us on **0860002108** or **queries@bonitas.co.za**. Alternatively, visit **www.bonitas.co.za** to learn more.

- 1. Is Bonitas Medical Fund insolvent and will members have to search for another medical aid provider? Bonitas Medical Fund ("Bonitas" or "Scheme") is in a very healthy position as was demonstrated by the financial statements issued for the year ended 31 December 2022 as presented at the AGM. The auditors have expressed that the Scheme is in a financially sound position and is sustainable going forward. The Scheme's solvency was 41.3% at the end of December 2022.
- 2. Why are we no longer attending AGMs at the venues as that is where we are able to meet with different stakeholders and build long-term relationships?

Attendance is limited at physical AGMs, both having regard to geographical constraints, as well as venue constraints. As we have members located across South Africa including in outlying areas, the Scheme has found that a virtual AGM allows for many more members to participate in the AGM. We also provide members with data vouchers so that they do not need to incur costs to participate in the AGM. It might be mentioned that since transitioning to virtual AGMs, member participation has increased.

3. What has the medical aid done to alleviate payments for pensioner members who have been on the Scheme for decades?

A medical scheme cannot, by law, provide differentiation of contributions and benefits. All members on the same option must pay the same contribution and have access to the same benefits.

4. Please consult with members before doing sponsorships.

All decisions pertaining to running the business of a medical scheme are considered by the appointed Board of Trustees in line with their fiduciary duties and with due oversight from the Council for Medical Schemes. This is a responsibility that the Board of Trustees takes seriously and therefore undertakes to always act in the best interests of members and beneficiaries, with due care and diligence. The Board continues to obtain inputs from members via research from various sources to ensure members' interests are considered.

5. How do I access the booster funds, is it automatically added when funds are depleted?

For the 2023 financial year, the Benefit Booster gives members up to R2370 per family to use for out-of-hospital expenses such as acute medicine and GP consultations. To access this benefit, you need to complete an online wellness questionnaire on the Bonitas Member App or complete a wellness screening at a Bonitas wellness day, biokineticist or at any participating pharmacy. <u>Click here</u> for more information.

6. When will I know what I will pay for 2024 and when I can change my option?

The Benefit design process takes place annually, after which approval is sought from the Council for Medical Schemes (CMS). This is then communicated to members during the latter part of the year. We urge all members to carefully read through the relevant changes to their options so that they can make informed decisions. The Scheme endeavours to announce benefits and pricing changes towards the end of October, however, this is subject to approval by the CMS.





7. Why does Primary Select option not cover attention deficit disorder for children? This is a long term and expensive condition.

Primary Select is structured to cover the 27 chronic conditions covered as Prescribed Minimum Benefits. However, we have a range of options which cater for additional conditions including attention deficit disorder. We, therefore, encourage members to consider their needs when selecting their options. If you have a broker, we suggest that you discuss your needs with the broker and obtain proper advice.

8. Could I cover my 25-year-old child who is unemployed on my medical aid?

You can add your child as a dependent provided that the child is financially dependent on you. Based on the age of the child, adult dependent rates will apply.

9. What if I miss 1 premium on my medical aid?

We understand that people have financial constraints from time to time. If you are having financial difficulty, please contact Bonitas directly. If a contribution is missed, your benefits may be suspended, however, if you consistently miss your contributions, your membership may be terminated.

- **10.** Is the session recorded and are we going to be able to download the presentation? The recording of the AGM is available, please <u>click here</u>.
- 11. I am a retired member and I have been with Bonitas for more than 27 years, what does Bonitas do to ease retired people's contributions who have been with Bonitas for that long (more than 20 years)? A medical scheme cannot, by law, provide differentiation of contributions and benefits. All members on the same option must pay the same contribution and have access to the same benefits.

12. Will the procedural co-payments be removed in the near future? The Scheme consistently looks at reducing the financial burden on its members however, certain co-pays are unavoidable due to the nature of the procedure and the costs associated with it.

13. I am unable to join the meeting. I would like to find out about my son's chronic Asthma medication, how do I go about applying for chronic funds/subsidy without it affecting my savings?

We have received a number of questions related to processes on how to unlock certain benefits particularly chronic medication. We have created a number of how to guides to help members understand their benefits in a simple way. These can be found on the Bonitas website under Member information <u>click here</u> – you do not have to log in to access this functionality.

- **14.** Can the Board kindly share the member demographic profile of the Scheme for 2023? The member demographic profile was discussed during the AGM. Please <u>click here</u> to view the presentation.
- **15.** When do we as members get a 2024 list of hospitals that are within our different plans? You can find the appropriate hospitals for your option using the provider locator, <u>click here</u>. The provider locator is updated when necessary, should there be any changes to the providers available. We therefore suggest you consult the list prior to obtaining any healthcare services.

16. Will I receive an actual card to use? Not just the virtual card. I am located in Witbank, Mpumalanga, which hospitals and pharmacies can I go to?

If you require a physical card, please visit your nearest walk-in centre. For the list of walk-in centres, please <u>click</u> <u>here</u>. To find the appropriate hospitals and pharmacies for your option, <u>click here</u>.

