

Assessment Criteria	Maximum Points	Discovery	Fedhealth	Bonitas	Keyhealth	Medihelp																																																												
1. Governance Is the Board of Trustees properly constituted? Has the scheme been under curatorship recently? Is there any pending litigation or regulatory investigation against the officers of the scheme?	10	8.0	8.0	5.0	9.0	8.0																																																												
2. Financial performance Operating result (R'000) <table border="1"> <tr> <td>2013</td> <td>2014</td> <td>2015</td> <td>2016</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table> (+ 3 for each year of achieving a positive operating result) (+ 1 if operating result has been improving) Score <table border="1"> <tr> <td>2013</td> <td>2014</td> <td>2015</td> <td>2016</td> <td>(+1)?</td> <td>Total</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> Net result (R'000) <table border="1"> <tr> <td>2013</td> <td>2014</td> <td>2015</td> <td>2016</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table> (+ 2 for each year of achieving a positive net result) (+ 1 if net result has been improving) Score <table border="1"> <tr> <td>2013</td> <td>2014</td> <td>2015</td> <td>2016</td> <td>(+1)?</td> <td>Total</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> Solvency ratio (Industry Average = 32.6%) <table border="1"> <tr> <td>2013</td> <td>2014</td> <td>2015</td> <td>2016</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table> (+ 1.5 for each year of posting a solvency level of > 25%) (+ 2 if solvency ratio has been improving) Score <table border="1"> <tr> <td>2013</td> <td>2014</td> <td>2015</td> <td>2016</td> <td>(+1)?</td> <td>Total</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	2013	2014	2015	2016					2013	2014	2015	2016	(+1)?	Total							2013	2014	2015	2016					2013	2014	2015	2016	(+1)?	Total							2013	2014	2015	2016					2013	2014	2015	2016	(+1)?	Total							30	26.5	10.0	8.5	20.0	8.0
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3. Demographic profile Membership growth <table border="1"> <tr> <td>2013</td> <td>2014</td> <td>2015</td> <td>2016</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table> (+ 2 for each year of achieving membership growth) Score <table border="1"> <tr> <td>2013</td> <td>2014</td> <td>2015</td> <td>2016</td> <td>Total</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> Average age per beneficiary (Industry average = 32.3) <table border="1"> <tr> <td>2013</td> <td>2014</td> <td>2015</td> <td>2016</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table> (+ 3 if within 10% of industry average) (+ 1 if maintained or decreasing) Score <input type="text"/> Pensioner ratio (+65) (Industry average = 7.7%) <table border="1"> <tr> <td>2013</td> <td>2014</td> <td>2015</td> <td>2016</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table> (+ 2 if within 10% of industry average) (+ 1 if maintained or decreasing) Score <input type="text"/>	2013	2014	2015	2016					2013	2014	2015	2016	Total						2013	2014	2015	2016					2013	2014	2015	2016					15	11.0	6.0	11.0	2.0	4.0																										
2013	2014	2015	2016																																																															
2013	2014	2015	2016	Total																																																														
2013	2014	2015	2016																																																															
2013	2014	2015	2016																																																															
4. Appropriateness of product offering Alignment of scheme options to Witsmed (max score = 20) - Availability of a wide range of options that offer members choice - Availability of low cost options for members on lower income bands - Availability of options with similar benefits at an acceptable price differential	30	30.0	25.0	20.0	20.0	20.0																																																												
Total	85	75.5	49.0	44.5	51.0	40.0																																																												

Compare our plans

Summary

Hospital cover

	EXECUTIVE	COMPREHENSIVE			PRIORITY		SAVER			SMART		CORE			KEYCARE						
		Classic Zero MSA	Classic	Essential	Classic	Essential	Classic	Essential	Coastal	Classic	Essential	Classic	Essential	Coastal	Core	Plus	Access				
	The most extensive cover for in-hospital and day-to-day benefits	Comprehensive cover for in-hospital and day-to-day benefits			Cost-effective in-hospital and day-to-day benefits		Economical in-hospital and day-to-day benefits			Affordable in-hospital benefits and day-to-day cover		Value-for-money hospital plan			Affordable medical aid cover						
	<ul style="list-style-type: none"> Unlimited cover in any private hospital, including private ward cover Guaranteed full cover in hospital for specialists on a payment arrangement, and up to 300% of the DHR for other specialists Full cover for chronic medicine for all CDL conditions plus some additional chronic conditions; plus access to an exclusive list of brand medicines Highest Medical Savings Account and an unlimited Above Threshold Benefit for your day-to-day healthcare needs Additional cover for GP consultation fees, kid's casualty visits, preferred medicine, blood tests, antenatal consultations, video call consultations with paediatricians and some external medical items Cover for medical emergencies when travelling 	<ul style="list-style-type: none"> Unlimited private hospital cover Guaranteed full cover in hospital for specialists on a payment arrangement, and up to 200% of the DHR on Classic plans and 100% on Essential plans for other healthcare professionals Full cover for chronic medicine for all CDL conditions plus some additional chronic conditions A choice of a high or no Medical Savings Account and an unlimited Above Threshold Benefit for your day-to-day healthcare needs Additional cover for GP consultation fees and some external medical items. The Classic Comprehensive Plan also covers preferred medicine, blood tests, antenatal consultations, kid's casualty visits and video call consultations with paediatricians Cover for medical emergencies when travelling 			<ul style="list-style-type: none"> Unlimited cover in any private hospital Guaranteed full cover in hospital for specialists on a payment arrangement, and up to 200% of the DHR on the Classic Plan and 100% on the Essential Plan for other healthcare professionals Full cover for chronic medicine for all CDL conditions A Medical Savings Account and limited Above Threshold Benefit for your day-to-day healthcare needs Additional cover for GP consultation fees and some external medical items. The Classic Plan also covers blood tests, antenatal consultations, kid's casualty visits and video call consultations with paediatricians Cover for medical emergencies when travelling 		<ul style="list-style-type: none"> Unlimited private hospital cover Guaranteed full cover in hospital for specialists on a payment arrangement, and up to 200% of the DHR on Classic plans and 100% on Essential and Coastal plans for other healthcare professionals Full cover for chronic medicine for all CDL conditions A Medical Savings Account for your day-to-day healthcare needs Additional cover for GP consultation fees. The Classic plans also cover antenatal consultations, kid's casualty visits and video call consultations with paediatricians Cover for medical emergencies when travelling 			<ul style="list-style-type: none"> Unlimited private hospital cover in a Smart network hospital Guaranteed full cover in hospital for specialists on a payment arrangement, and up to 200% of the DHR on the Classic Plan and up to 100% of the DHR on the Essential Plan for other healthcare professionals Day-to-day cover for GP consultation fees, acute medicine, eye and dental check-up and sports-related injuries with fixed payments. Cover depends on the plan you choose. Full cover for chronic medicine on our medicine list for all CDL conditions when you use MedXpress, Clicks or Dis-Chem Cover for medical emergencies when travelling 		<ul style="list-style-type: none"> Unlimited private hospital cover Guaranteed full cover in hospital for specialists on a payment arrangement, and up to 200% of the DHR on Classic plans and 100% on Essential and Coastal plans for other healthcare professionals Full cover for chronic medicine for all CDL conditions when you use MedXpress Cover for medical emergencies when travelling 			<ul style="list-style-type: none"> Unlimited emergency and trauma cover in our KeyCare network of hospitals and planned hospital cover on KeyCare Core, KeyCare Plus and KeyCare Access. Full cover in the Partial Cover Hospital Network Guaranteed full cover in hospital for specialists on the KeyCare network, and up to 100% of the DHR for other healthcare professionals Unlimited cover for medically appropriate GP consultations, blood tests, X-rays or medicine in our KeyCare Network on the KeyCare Plus and KeyCare Access plans Essential cover for chronic medicine on the KeyCare medicine list for all CDL conditions Cover for medical emergencies in South Africa 						
Hospitals (private hospital cover in a general ward)	Unlimited cover and private ward cover of up to R1 750 each day	Unlimited cover	Unlimited cover. Full cover on Delta options when using the Delta Hospital Network of private hospitals.		Unlimited cover		Unlimited cover at any private hospital. Full cover on Delta options when using the Delta Hospital Network of private hospitals.			Unlimited private hospital cover in the Smart Network.		Unlimited hospital cover at any private hospital. Full cover on Delta options when using the Delta Hospital Network of private hospitals.			Unlimited cover at selected private hospitals in the coastal network.		Full cover in the Full Cover Hospital Network, and up to 70% of the DHR in the Partial Cover Hospital Network. Unlimited cover in the KeyCare Hospital Network. A list of procedures are covered in the day surgery network. Unlimited cover for emergencies, trauma, childbirth and care for your newborn in the KeyCare Access network of private hospitals and other conditions covered in contracted network of state facilities.				
Upfront payments to hospitals	No upfront payment	No upfront payment	For planned admissions outside of the Delta Hospital Network, you must pay an upfront payment to the hospital of R7 100.		An upfront payment of between R2 800 and to R13 850 applies for a defined list of procedures.		For planned admissions outside of the Delta Hospital Network, you must pay an upfront payment to the hospital of R7 100.			If you do not use a coastal hospital in our selected network, you will have to pay all costs. If you use a hospital outside the coastal region, we pay up to 70% of the DHR of the hospital account and you must pay the difference. This does not apply in an emergency.		For planned admissions at hospitals outside of the Smart Hospital Network, you must pay an upfront payment of R8 200 to the hospital.		For planned admissions outside of the Delta Hospital Network, you must pay an upfront payment to the hospital of R7 100.			If you do not use a coastal hospital in our selected network, you will have to pay all costs. If you use a hospital outside the coastal region, we pay up to 70% of the DHR of the hospital account and you must pay the difference. This does not apply in an emergency.		If you use a hospital in the Partial Cover Network, we pay up to 70% of the DHR. If you do not use hospitals in the networks, you will have to pay all costs. This does not apply in an emergency.		
Specialists we have a payment arrangement with	Full cover	Full cover			Full cover		Full cover			Full cover		Full cover			Full cover						
Specialists we do not have a payment arrangement with	300% of the DHR	200% of the DHR		100% of the DHR	200% of the DHR		100% of the DHR		200% of the DHR		100% of the DHR		200% of the DHR		100% of the DHR		100% of the DHR				
Other healthcare professionals	100% of the DHR	200% of the DHR		100% of the DHR	200% of the DHR		100% of the DHR		200% of the DHR		100% of the DHR		200% of the DHR		100% of the DHR		100% of the DHR				
Radiology and pathology	100% of the DHR	100% of the DHR			100% of the DHR		100% of the DHR			100% of the DHR		100% of the DHR			100% of the DHR						
Scopes (gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy)	We pay the hospital account from the Hospital Benefit and all related accounts from the Medical Savings Account and Above Threshold Benefit.	We pay the first R3 150 of the hospital account from your day-to-day benefits and the balance of the hospital account and related accounts from the Hospital Benefit.			You must pay R3 600 upfront, we pay the balance of hospital account and related accounts from the Hospital Benefit.		We pay the first R3 900 of the hospital account from your day-to-day benefits and the balance of the hospital account and related accounts from the Hospital Benefit.			You must pay the first R3 900 of the hospital account. We pay the balance of the account and related accounts from the Hospital Benefit.		You must pay the first R3 900 of the hospital account. We pay the balance of the account and related accounts from the Hospital Benefit.			We cover scopes at our day-surgery network.		We cover scopes at our network of contracted state facilities and in the KeyCare Access Hospital Network if related to emergencies, trauma, childbirth and care for a newborn.				
MRI and CT scans	Paid from day-to-day benefits up to 100% of the DHR.	If done as part of an approved admission, we will pay up to 100% of the DHR from the Hospital Benefit.			If done as part of an approved admission, we will pay up to 100% of the DHR from the Hospital Benefit.		If done as part of an approved admission, we will pay up to 100% of the DHR from the Hospital Benefit.			If done as part of an approved hospital admission, we will pay up to 100% of the DHR from the Benefit.		If done as part of an approved admission, we will pay up to 100% of the DHR from the Hospital Benefit.			If done as part of an approved admission, we will pay up to 100% of the DHR from the Hospital Benefit.						
<ul style="list-style-type: none"> For conservative back and neck treatment, or If not related to your admission 		We pay the first R2 900 of the scan from the Above Threshold Benefit once you reach it. We pay the balance of the scan from the Hospital Benefit, up to 100% of the DHR.	We pay the first R2 900 of the scan from your day-to-day benefits. We pay the balance of the scan from your Hospital Benefit, up to 100% of the DHR.		We pay the first R2 900 of the scan from day-to-day benefits. We pay the balance of the scan from the Hospital Benefit up to 100% of the DHR. For conservative back and neck treatment, you must also pay the first R2 800 of the hospital account. We pay the balance of the scan from the Hospital Benefit up to 100% of the DHR.		If not related to your admission, we pay the first R2 900 of the scan from your day-to-day benefits. We pay the balance of the scan from the Hospital Benefit, up to 100% of the DHR.			If not related to your admission, you need to pay the first R2 900 of the scan from your pocket. We pay the balance of the scan from the Hospital Benefit, up to 100% of the DHR.		If not related to your admission or if for conservative back or neck treatment, we do not pay for it.		If not related to your admission or if for conservative back or neck treatment, we do not pay for it.			If not related to your admission, we pay it from the Specialist Benefit up to a limit of R3 570 each person each year.				

Chronic

Cancer cover

Day-to-day benefits

Additional benefits

Conditions	You have cover for the 27 CDL conditions according to the Prescribed Minimum Benefits list as well as additional conditions on our Additional Disease List. Your condition needs to be approved for it to be covered.	You have cover for the 27 CDL conditions according to the Prescribed Minimum Benefits list as well as additional conditions on our Additional Disease List. Your condition needs to be approved for it to be covered.	You have cover for the 27 CDL conditions according to the Prescribed Minimum Benefits list. Your condition needs to be approved for it to be covered.	You have cover for the 27 CDL conditions according to the Prescribed Minimum Benefits list. Your condition needs to be approved for it to be covered.	You have cover for the 27 CDL conditions according to the Prescribed Minimum Benefits list. Your condition needs to be approved for it to be covered.	You have cover for the 27 CDL conditions according to the Prescribed Minimum Benefits list. Your condition needs to be approved for it to be covered.	You have cover for the 27 CDL conditions according to the Prescribed Minimum Benefits list. Your condition needs to be approved for it to be covered.	You have cover for the 27 CDL conditions according to the Prescribed Minimum Benefits list. Your condition needs to be approved for it to be covered.
Medicine cover	Approved medicine on our medicine list covered in full (not applicable to ADL conditions). Medicine not on our list paid up to 100% of the DHR up to a maximum of the monthly Chronic Drug Amount.	Approved medicine on our medicine list covered in full (not applicable to ADL conditions). Medicine not on our list paid up to 100% of the DHR up to a maximum of the monthly Chronic Drug Amount.	Approved medicine on our medicine list covered in full. Medicine not on our list paid up to 100% of the DHR up to a maximum of the monthly Chronic Drug Amount.	Approved medicine on our medicine list covered in full. Medicines not on our list paid up to 100% of the DHR up to a maximum of the monthly Chronic Drug Amount. On Delta options, your designated service provider is MedXpress.	Approved medicine on our medicine list covered in full, when you use MedXpress, Clicks or Dis-Chem.	Approved medicine on our medicine list when you use MedXpress. Medicines not on our list paid up to 100% of the DHR up to a maximum of the monthly Chronic Drug Amount.	Approved medicine must be purchased from one of our network pharmacies or from your chosen GP. If medicine is purchased elsewhere, you will have to pay a 20% co-payment. Your chosen GP must prescribe the chronic medicine.	
Benefit	We cover the first R400 000 of approved cancer treatment in full, over a 12-month cycle.	We cover the first R400 000 of approved cancer treatment in full over a 12-month cycle.	We cover the first R200 000 of the approved cancer treatment in full over a 12-month cycle.	We cover the first R200 000 of the approved cancer treatment in full over a 12-month cycle.	We cover the first R200 000 of the approved cancer treatment in full over a 12-month cycle.	We cover the first R200 000 of the approved cancer treatment in full over a 12-month cycle.	We cover cancer treatment according to the Prescribed Minimum Benefits and if you go to a cancer specialist in our network.	We cover cancer treatment according to the Prescribed Minimum Benefits in a network of contracted state facilities.
Co-payments	You will be required to pay 20% of the cost on all further treatment once costs for cancer treatment go over R400 000. Prescribed Minimum Benefits are covered in full.	You will be required to pay 20% of the cost on all further treatment once costs for cancer treatment go over R400 000. Prescribed Minimum Benefits are covered in full.	You will be required to pay 20% of the cost on all further treatment once costs for cancer treatment go over R200 000. Prescribed Minimum Benefits are covered in full.	You will have to pay 20% of the cost on all further treatment once costs for cancer treatment go over R200 000. Prescribed Minimum Benefits are covered in full.	You will have to pay 20% of the cost on all further treatment once costs for cancer treatment go over R200 000. Prescribed Minimum Benefits are covered in full.	You will have to pay 20% of the cost on all further treatment once costs for cancer treatment go over R200 000. Prescribed Minimum Benefits are covered in full.		
Medical Savings Account	Pays for day-to-day medical expenses like GP consultation fees, radiology and pathology as long as you have money available.	Pays for day-to-day medical expenses like GP consultation fees, radiology and pathology as long as you have money available. Not available on Classic Zero MSA.	Pays for day-to-day medical expenses like GP consultation fees, radiology and pathology as long as you have money available.	Pays for day-to-day medical expenses like GP consultation fees, radiology and pathology as long as you have money available.	You have cover for unlimited GP consultation fees, full cover for video call consultations, one eye check and one dental check. The Classic Plan also covers acute medicine and sports-related injuries. Fixed payments apply to these benefits.	Not applicable to these plans.	This plan does not offer this benefit.	This plan does not offer this benefit but it covers primary care through your chosen GP and day-to-day medicine from our medicine list. We pay for basic radiology and pathology at a network provider.
Self-payment Gap	If you run out of money in your Medical Savings Account before your claims add up to the Annual Threshold, you will have to pay for your medical expenses.	If you run out of money in your Medical Savings Account before your claims add up to the Annual Threshold, you will have to pay for your day-to-day medical expenses. Not applicable to Classic Zero MSA.	If you run out of money in your Medical Savings Account before your claims add up to the Annual Threshold, you will have to pay for your day-to-day medical expenses.	You need to pay claims when your Medical Savings Account runs out.	Not applicable to this plan.		Not applicable to these plans.	
Day-to-day Extender Benefit	Pays for certain day-to-day benefits after you have run out of money in your Medical Saving Account and before you reach the Annual Threshold.	Pays for certain day-to-day benefits after you have run out of money in your Medical Savings account and before you reach the Annual Threshold. Not available on Classic Zero MSA.	Pays for certain day-to-day benefits after you have run out of money in your Medical Saving Account and before you reach the Annual Threshold.	Pays for certain day-to-day benefits after you have run out of money in your Medical Savings Account.				
	Covers unlimited GP consultation fees, antenatal consultations, kid's casualty visits, video call consultations with paediatricians, preferred day-to-day medicine (schedule 3 and above), unlimited blood tests, and a defined list of external medical items. You must use a provider in our network.	This plan does not offer this benefit.	Covers unlimited GP consultation fees and some external medical items. The Classic Comprehensive Plan also covers antenatal consultations, kid's casualty visits, video call consultations with paediatricians, preferred day-to-day medicine (schedule 3 and above) and unlimited blood tests. You must use a provider in our network.	Covers unlimited GP consultation fees and some external medical items. The Classic Plan also covers antenatal consultations, kid's casualty visits, video call consultations with paediatricians and blood tests. You must use a provider in our network.	Covers a defined number of GP consultation fees. The Classic plans also cover antenatal consultations, kid's casualty visits and video call consultations with paediatricians. You must use a provider in our network.			
Above Threshold Benefit	The Above Threshold Benefit is unlimited.	The Above Threshold Benefit is unlimited.	The Above Threshold Benefit is limited. Main member R11 150. Adult R7 950. Child dependant R3 850.	These plans do not offer this benefit.				
MRI and CT scans	Paid from your available Medical Savings Account or Above Threshold Benefit.	We pay the first R2 900 of your MRI or CT scan from your day-to-day benefits. We cover the balance of the scan from the Hospital Benefit, up to the DHR. For conservative back and neck scans, where specific rules apply. On Classic Zero MSA, these are covered from the Above Threshold Benefit once you reach it.	We pay the first R2 900 of your MRI or CT scan from your day-to-day benefits. We cover the balance of the scan from the Hospital Benefit, up to the DHR. For conservative back and neck scans, specific rules and limits may apply.	We pay the first R2 900 of MRI or CT scan from your available Medical Savings Account. We cover the balance of the scan from the Hospital Benefit, up to the DHR. For conservative back and neck scans, specific rules and limits may apply.	You must pay the first R2 900 of MRI or CT scan from your pocket. We cover the balance of the scan from the Hospital Benefit, up to the DHR. For conservative back and neck scans, specific rules and limits may apply.		MRI and CT scans are paid from the Specialist Benefit up to a limit of R3 570 each person each year.	
Screening and Prevention Benefit	Covers certain tests at one of our wellness network providers, like blood glucose, blood pressure, cholesterol and body mass index. We also cover a mammogram every 2 years, Pap smear every 3 years, PSA (a prostate screening test) once a year and HIV screening tests. Members 65 years or older and members registered for certain chronic conditions are also covered for a seasonal flu vaccine. Additional, and/or more frequent screening is available for those who meet our clinical criteria.	Covers certain tests at one of our wellness network providers, like blood glucose, blood pressure, cholesterol and body mass index. We also cover a mammogram every 2 years, Pap smear every 3 years, PSA (a prostate screening test) once a year and HIV screening tests. Members 65 years or older and members registered for certain chronic conditions are also covered for a seasonal flu vaccine. Additional, and/or more frequent screenings are available for those who meet our clinical criteria.	Covers certain tests at one of our wellness network providers, like blood glucose, blood pressure, cholesterol and body mass index. We also cover a mammogram every 2 years, Pap smear every 3 years, PSA (a prostate screening test) once a year and HIV screening tests. Members 65 years or older and members registered for certain chronic conditions are also covered for a seasonal flu vaccine. Additional, and/or more frequent screening is available for those who meet our clinical criteria.	Covers certain tests at one of our wellness network providers, like blood glucose, blood pressure, cholesterol and body mass index. We also cover a mammogram every 2 years, Pap smear every 3 years, PSA (a prostate screening test) once a year and HIV screening tests. Members 65 years or older and members registered for certain chronic conditions are also covered for a seasonal flu vaccine. Additional, and/or more frequent screening is available for those who meet our clinical criteria.	Covers certain tests at one of our wellness network providers, like blood glucose, blood pressure, cholesterol and body mass index. We also cover a mammogram every 2 years, Pap smear every 3 years, PSA (a prostate screening test) once a year and HIV screening tests. Members 65 years or older and members registered for certain chronic conditions are also covered for a seasonal flu vaccine. Additional, and/or more frequent screening is available for those who meet our clinical criteria.	Covers certain tests at one of our wellness network providers, like blood glucose, blood pressure, cholesterol and body mass index. We also cover a mammogram every 2 years, Pap smear every 3 years, PSA (a prostate screening test) once a year and HIV screening tests. Members 65 years or older and members registered for certain chronic conditions are also covered for a seasonal flu vaccine. Additional, and/or more frequent screening is available for those who meet our clinical criteria.	Covers certain tests at one of our wellness network providers, like blood glucose, blood pressure, cholesterol and body mass index. We also cover a mammogram every 2 years, Pap smear every 3 years, PSA (a prostate screening test) once a year and HIV screening tests. Members 65 years or older and members registered for certain chronic conditions are also covered for a seasonal flu vaccine. Additional, and/or more frequent screening is available for those who meet our clinical criteria.	Covers certain tests at one of our wellness network providers, like blood glucose, blood pressure, cholesterol and body mass index. We also cover a mammogram every 2 years, Pap smear every 3 years, PSA (a prostate screening test) once a year and HIV screening tests. Members 65 years or older and members registered for certain chronic conditions are also covered for a seasonal flu vaccine. Additional, and/or more frequent screening is available for those who meet our clinical criteria.
Kid's screening	Covers growth assessment and health and milestone tracking at any one of our wellness network providers.	Covers growth assessment and health and milestone tracking at any one of our wellness network providers.	Covers growth assessment and health and milestone tracking at any one of our wellness network providers.	Covers growth assessment and health and milestone tracking at any one of our wellness network providers.	Covers growth assessment and health and milestone tracking at any one of our wellness network providers.	Covers growth assessment and health and milestone tracking at any one of our wellness network providers.	Covers growth assessment and health and milestone tracking at any one of our wellness network providers.	Covers growth assessment and health and milestone tracking at any one of our wellness network providers.
Trauma Recovery Extender Benefit	Out-of-hospital claims for recovery after certain traumatic events are covered on this benefit for the rest of the year in which the trauma took place, and a year after the trauma.	This plan does not offer this benefit.	Out-of-hospital claims for recovery after certain traumatic events are covered on this benefit for the rest of the year in which the trauma took place, and a year after the trauma.	Out-of-hospital claims for recovery after certain traumatic events are covered on this benefit for the rest of the year in which the trauma took place, and a year after the trauma.	Out-of-hospital claims for recovery after certain traumatic events are covered on this benefit for the rest of the year in which the trauma took place, and a year after the trauma.	Out-of-hospital claims for recovery after certain traumatic events are covered on this benefit for the rest of the year in which the trauma took place, and a year after the trauma.	This plan does not offer this benefit.	Out-of-hospital claims for recovery after certain traumatic events are covered on this benefit for the rest of the year in which the trauma took place, and a year after the trauma.
Specialised Medicine and Technology Benefit	Cover up to R200 000 each person for a defined list of the latest and most advanced treatments. A co-payment of up to 20% and specific rules apply to this benefit.	Cover up to R200 000 each person for a defined list of the latest and most advanced treatments. A co-payment of up to 20% and specific rules apply to this benefit.	These plans do not offer these benefits.	These plans do not offer these benefits.	These plans do not offer these benefits.		These plans do not offer these benefits.	
Overseas Treatment Benefit	Up to R500 000 for each person travelling for evidence-based healthcare treatment not available in South Africa. A co-payment of 20% and specific rules apply to this benefit.	Up to R500 000 for each person travelling for evidence-based healthcare treatment not available in South Africa. A co-payment of 20% and specific rules apply to this benefit.						
Additional cover for allied, therapeutic psychology and external medical items	Provides unlimited cover for a list of allied healthcare services, like physiotherapy and external medical items. This unlimited cover is for a defined list of conditions, for example quadriplegia and cerebral palsy. Cover depends on your condition and meeting the criteria for it.	Provides unlimited cover for a list of allied healthcare services, like physiotherapy and external medical items. This unlimited cover is for a defined list of conditions, for example quadriplegia and cerebral palsy. Cover depends on your condition and meeting the criteria for it.						

Discovery Health Rate (DHR): This is a rate set by us at which healthcare services from hospitals, pharmacies and healthcare professionals are paid. To find hospitals or providers in our network, visit www.discovery.co.za Where we refer to MedXpress it includes any MedXpress partner pharmacy. MedXpress is brought to you by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider. The benefits explained are provided by Discovery Health Medical Scheme, registration number 1125, administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider. This is only a summary of the key benefits and features of Discovery Health Medical Scheme plans, awaiting formal approval from the Council for Medical Schemes. In all instances, Discovery Health Medical Scheme Rules prevail. Please consult the Scheme Rules on www.discovery.co.za. When reference is made to "we" in the context of benefits, members, payments or cover, in this document this is reference to Discovery Health Medical Scheme.

Discovery Health Medical Scheme 2017 contributions

Series	Plan	Contributions			Contributions to Medical Savings Account			Total contributions		
		Main member	Adult	Child*	Main member	Adult	Child*	Main member	Adult	Child*
Executive	Executive Plan	4 158	4 158	792	1 386	1 386	263	5 544	5 544	1 055
	Classic Comprehensive	3 380	3 198	674	1 126	1 066	224	4 506	4 264	898
Comprehensive	Classic Delta Comprehensive	3 045	2 882	606	1 014	960	201	4 059	3 842	807
	Classic Comprehensive Zero MSA	3 380	3 199	674	No Medical Savings Account			3 380	3 199	674
	Essential Comprehensive	3 219	3 043	648	568	537	114	3 787	3 580	762
	Essential Delta Comprehensive	2 899	2 738	582	511	483	102	3 410	3 221	684
Priority	Classic Priority	2 226	1 753	891	742	584	296	2 968	2 337	1 187
	Essential Priority	2 169	1 704	865	382	300	152	2 551	2 004	1 017
Saver	Classic Saver	1 933	1 522	774	644	507	257	2 577	2 029	1 031
	Classic Delta Saver	1 544	1 218	620	514	405	206	2 058	1 623	826
	Essential Saver	1 740	1 306	697	307	230	122	2 047	1 536	819
	Essential Delta Saver	1 389	1 046	557	245	184	98	1 634	1 230	655
	Coastal Saver	1 606	1 205	647	401	301	161	2 007	1 506	808
Smart	Classic Smart	1 535	1 209	612	No Medical Savings Account			1 535	1 209	612
	Essential Smart	1 100	1 100	1 100				1 100	1 100	1 100
Core	Classic Core	1 918	1 510	767				1 918	1 510	767
	Classic Delta Core	1 535	1 209	612				1 535	1 209	612
	Essential Core	1 648	1 234	661	No Medical Savings Account			1 648	1 234	661
	Essential Delta Core	1 317	989	528				1 317	989	528
	Coastal Core	1 496	1 122	596				1 496	1 122	596
KeyCare	KeyCare Plus 0-8 100	914	914	331				914	914	331
	KeyCare Plus 8 101-11 550	1 280	1 280	358				1 280	1 280	358
	KeyCare Plus 11 551+	1 906	1 906	510				1 906	1 906	510
	KeyCare Access 0-5 050	644	644	281				644	644	281
	KeyCare Access 5 051-8 100	859	859	309	No Medical Savings Account			859	859	309
	KeyCare Access 8 101-11 550	1 241	1 241	348				1 241	1 241	348
	KeyCare Access 11 551+	1 863	1 863	503				1 863	1 863	503
	KeyCare Core 0-8 100	731	731	190				731	731	190
	KeyCare Core 8 101-11 550	912	912	224				912	912	224
	KeyCare Core 11 551+	1 408	1 408	318				1 408	1 408	318

* We count a maximum of three children when we work out the monthly contribution and annual Medical Savings Account.

** Income verification will be conducted for the lower income bands. Income is considered as: The higher of the main member or registered spouse or partner's earnings, commission and rewards from employment; interest from investments; income from leasing of assets or property; distributions received from a trust, pension and/or provident fund; receipt of any financial assistance received from any statutory social assistance programme.

Annual Medical Savings Account

Series	Plan	Main member	Adult	Child*
Executive	Executive Plan	16 632	16 632	3 156
Comprehensive	Classic Comprehensive	13 512	12 792	2 688
	Classic Delta Comprehensive	12 168	11 520	2 412
	Essential Comprehensive	6 816	6 444	1 368
	Essential Delta Comprehensive	6 132	5 796	1 224
Priority	Classic Priority	8 904	7 008	3 552
	Essential Priority	4 584	3 600	1 824
Saver	Classic Saver	7 728	6 084	3 084
	Classic Delta Saver	6 168	4 860	2 472
	Essential Saver	3 684	2 760	1 464
	Essential Delta Saver	2 940	2 208	1 176
	Coastal Saver	4 812	3 612	1 932

* We count a maximum of three children when we work out the annual Medical Savings Account. If you join the medical scheme after January, you won't get the full amount because it is calculated by counting the remaining months in the year.

Annual Threshold Amounts

Annual Threshold

	Main member	Adult	Child*
Executive	16 600	16 600	3 150
Comprehensive	15 500	15 500	2 950
Priority	13 150	9 850	4 300

Above Threshold Benefit limits

	Main member	Adult	Child*
Executive	unlimited		
Comprehensive	unlimited		
Priority	11 150	7 950	3 850

* We count a maximum of three children when we work out the Annual Threshold and Above Threshold Benefit limit. If you join the medical scheme after January, you won't get the full amount because it is calculated by counting the remaining months in the year.

15 August 2017

Mrs. Theresa Todd
 Principal Officer - University of Witwatersrand Medical Scheme ("WitsMed")
 155 West Street
 Sandton
 2146

Via e-mail: po.witsmed@gmail.com

Dear Mrs. Todd

Re: Proposed amalgamation of University of Witwatersrand Medical Scheme ("WitsMed") with Discovery Health Medical Scheme ("DHMS")

The DHMS Board of Trustees has approved a proposed amalgamation with WitsMed at a Board meeting held on 7 August 2017, subject to the following conditions:

1. Merger to take place no later than 1 January 2018. In the case that this date is postponed, the proposed merger would need to be re-evaluated.
2. The full reserves (i.e. assets minus liabilities including any unrealised gains) must be transferred to DHMS on the date of the merger. If the projected reserves reduces to below R140 million (including unrealised gains) we may reconsider the amalgamation.
3. All beneficiaries who have not selected an option by 8 December 2017 (exact date to be confirmed in due course) will be defaulted as per default mapping set out below:

Income Band	Principal	Principal + Adult	Principal + Child	Principal + Adult + Child
0 - 915	KeyCare Plus	KeyCare Plus	KeyCare Plus	KeyCare Plus
916 - 1,775	KeyCare Plus	KeyCare Plus	KeyCare Plus	KeyCare Plus
1,776 - 2,745	KeyCare Plus	KeyCare Plus	KeyCare Plus	KeyCare Plus
2,746 - 3,610	KeyCare Plus	KeyCare Plus	KeyCare Plus	KeyCare Plus
3,611 - 4,470	Classic Delta Saver	KeyCare Plus	KeyCare Plus	KeyCare Plus
4,471 - 5,385	Classic Saver	Classic Delta Saver	Classic Delta Saver	Classic Delta Saver
5,386 - 6,245	Classic Saver	Classic Delta Saver	Classic Delta Saver	Classic Delta Saver
6,246 - 9,123	Classic Priority	Classic Saver	Classic Saver	Classic Saver
9,124 - 10,225	Classic Priority	Classic Saver	Classic Saver	Classic Saver
10,226 - 11,392	Classic Priority	Classic Priority	Classic Saver	Classic Saver
11,393 - 12,560	Classic Priority	Classic Priority	Classic Saver	Classic Saver
12,561 - 13,655	Classic Priority	Classic Priority	Classic Priority	Classic Priority
13,656 - 14,756	Classic Priority	Classic Priority	Classic Priority	Classic Priority
14,757 - 15,923	Classic Priority	Classic Priority	Classic Priority	Classic Priority
15,924 - 17,019	Classic Priority	Classic Priority	Classic Priority	Classic Priority
17,020 - 18,259	Classic Priority	Classic Priority	Classic Priority	Classic Priority
18,260 - 19,355	Classic Delta Comprehensive	Classic Priority	Classic Priority	Classic Priority
19,356 - 20,450	Classic Delta Comprehensive	Classic Priority	Classic Priority	Classic Priority
20,451 - 21,623	Classic Delta Comprehensive	Classic Priority	Classic Priority	Classic Priority
21,624 - 22,719	Classic Delta Comprehensive	Classic Priority	Classic Priority	Classic Priority
22,720 - 24,761	Classic Delta Comprehensive	Classic Priority	Classic Priority	Classic Priority
24,762 - 27,310	Classic Comprehensive	Classic Priority	Classic Priority	Classic Priority
27,311 - 44,604	Classic Comprehensive	Classic Priority	Classic Priority	Classic Priority
44,605+	Classic Comprehensive	Classic Delta Comprehensive	Classic Comprehensive	Classic Delta Comprehensive

Default Mapping Notes:

- Members who have conditions specified on the Additional Disease List (ADL), members who have claimed more than R190, 000 on Oncology in the last year and members who are registered with CDE will be mapped to Classic Comprehensive.
 - Pensioners receiving a subsidy from the University will be mapped to one plan higher. Pensioners who do not receive a subsidy will be mapped to the respective plan above.
4. WitsMed members can change benefit plan options for a period of up to three months after the date of the amalgamation.
 5. WitsMed members who join DHMS on 01 January 2018 will be accepted by DHMS without any underwriting. WitsMed members who do not join DHMS by 01 January 2018 will be subject to underwriting if they decide to join at a later date. For new employees of the University of the Witwatersrand, there will be a three month window period, between 01 January 2018 and 30 March 2018, to join DHMS without underwriting, but any new employees joining DHMS after 30 March 2018 will be subject to underwriting.
 6. The existing late joiner penalties and waiting periods (general and condition-specific) of members will be transferred to DHMS and applied.
 7. The Amalgamation is subject to approval by the DHMS Board of Trustees, which approval has been obtained. The proposed amalgamation must be approved by the Council for Medical Schemes in terms of Section 63 of the Medical Schemes Act 131 of 1998 and the approval of the transaction is also required by the Competition Commission
 8. Each scheme bears own costs for the merger.
 9. Costs of Competition Commission submissions to be done by jointly agreed legal team and shared equally.

Confirmation of acceptance of the above conditions, by return of letter, would be required to continue with the proposed amalgamation in terms of Section 63 of the Medical Schemes Act, 131 of 1998.

Should you have any questions, please do not hesitate to contact me. I await to hear from you.

Kind Regards



Dr Nozipho Sangweni
Principal Officer

17 August 2017

Mrs. Theresa Todd
Principal Officer - University of Witwatersrand Medical Scheme ("WitsMed")
155 West Street
Sandton
2146

Via e-mail: po.witsmed@gmail.com

Dear Mrs. Todd

Re: Clarification of matters - Proposed amalgamation of University of Witwatersrand Medical Scheme ("WitsMed") with Discovery Health Medical Scheme ("DHMS")

We refer to your e-mail dated 16 August 2017 wherein the following clarification was sought on the Scheme's letter dated 15 August 2017, attached hereto:

1. With regard to the query on the three month period, we apologise for the confusion and confirm the understanding in the letter from DHMS dated 2 August 2017, that WitsMed members who join DHMS on 01 January 2018 will be accepted by DHMS without any underwriting. WitsMed members who do not join DHMS by 01 January 2018 will be subject to underwriting if they decide to join at a later date. For new employees of the University of the Witwatersrand, there will be a three month window period from the start date of employment to join DHMS without underwriting, but any new employees joining DHMS after the three month window period will be subject to underwriting.
2. With regard to the request that DHMS consider allowing a period of four months after the date of the amalgamation for members to change benefit plan options, we have considered this and believe that the three month period is reasonable. Communication regarding the WitsMed merger with DHMS and the choices WitsMed members need to make is planned to be forwarded to members by 01 December 2017, with members being able to communicate their decision to DHMS by 31 March 2018. This in effect allows for a four month period. The three month rule is not ordinarily applied to existing members of DHMS and therefore DHMS believes that the three month concession is reasonable.

Kind regards



Dr Nozipho Sangweni
Principal Officer

15 August 2017

Mrs. Theresa Todd
 Principal Officer - University of Witwatersrand Medical Scheme ("WitsMed")
 155 West Street
 Sandton
 2146

Via e-mail: po.witsmed@gmail.com

Dear Mrs. Todd

Re: Proposed amalgamation of University of Witwatersrand Medical Scheme ("WitsMed") with Discovery Health Medical Scheme ("DHMS")

The DHMS Board of Trustees has approved a proposed amalgamation with WitsMed at a Board meeting held on 7 August 2017, subject to the following conditions:

1. Merger to take place no later than 1 January 2018. In the case that this date is postponed, the proposed merger would need to be re-evaluated.
2. The full reserves (i.e. assets minus liabilities including any unrealised gains) must be transferred to DHMS on the date of the merger. If the projected reserves reduces to below R140 million (including unrealised gains) we may reconsider the amalgamation.
3. All beneficiaries who have not selected an option by 8 December 2017 (exact date to be confirmed in due course) will be defaulted as per default mapping set out below:

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10,226 - 11,392	Classic Priority	Classic Priority	Classic Saver	Classic Saver
11,393 - 12,560	Classic Priority	Classic Priority	Classic Saver	Classic Saver
12,561 - 13,655	Classic Priority	Classic Priority	Classic Priority	Classic Priority
13,656 - 14,756	Classic Priority	Classic Priority	Classic Priority	Classic Priority
14,757 - 15,923	Classic Priority	Classic Priority	Classic Priority	Classic Priority
15,924 - 17,019	Classic Priority	Classic Priority	Classic Priority	Classic Priority
17,020 - 18,259	Classic Priority	Classic Priority	Classic Priority	Classic Priority
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27,311 - 44,604	Classic Comprehensive	Classic Priority	Classic Priority	Classic Priority
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- Members who have conditions specified on the Additional Disease List (ADL), members who have claimed more than R190, 000 on Oncology in the last year and members who are registered with CDE will be mapped to Classic Comprehensive.
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 8. Each scheme bears own costs for the merger.
 9. Costs of Competition Commission submissions to be done by jointly agreed legal team and shared equally.

Confirmation of acceptance of the above conditions, by return of letter, would be required to continue with the proposed amalgamation in terms of Section 63 of the Medical Schemes Act, 131 of 1998.

Should you have any questions, please do not hesitate to contact me. I await to hear from you

Kind Regards



Dr Nozipho Sangweni
Principal Officer



21 August 2017

Dr N Sangweni
Principal Officer
Discovery Health Medical Scheme
PO Box 786722
Sandton
2146

Dear Dr Sangweni

PROPOSED AMALGAMATION OF UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG STAFF MEDICAL AID FUND ("WITSMED") WITH DISCOVERY HEALTH MEDICAL SCHEME ("DHMS")

Thank you for your letter dated 17 August 2017 in which you clarified two queries raised. In discussion with the Chairman of our Board of Trustees, I can confirm that the proposed terms and conditions as outlined in your letter dated 15 August 2017 are accepted.

We look forward to proceeding with the proposed amalgamation in terms of section 63 of the Medical Schemes Act no. 131 of 1998.

Yours sincerely,

T F TODD (MRS)
Principal Officer

cc:
Rob Sharman – Chairman, Board of Trustees
Roshan Bhana – Alexander Forbes

WitsMed		4	5	6	7	8	9	10	11	12	13	14	15	Total
		Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	
Gross contribution income	Gross Contributions	13 026 653	12 965 170	12 972 423	12 894 454	12 894 865	12 838 916	12 824 694	12 810 471	12 796 249	12 782 027	12 767 804	12 753 582	154 327 307
Savings contributions	Savings Contributions	-	-	-	-	-	-	-	-	-	-	-	-	-
Risk contributions	Risk Contributions	13 026 653	12 965 170	12 972 423	12 894 454	12 894 865	12 838 916	12 824 694	12 810 471	12 796 249	12 782 027	12 767 804	12 753 582	154 327 307
Net Claims Incurred	Total Claims	-14 228 016	-13 585 441	-11 870 363	-11 179 887	-13 937 415	-11 104 663	-12 160 157	-12 882 206	-11 523 568	-11 878 029	-13 059 635	-10 314 191	-147 723 572
Healthcare result	Gross Underwriting Result	-1 201 363	-620 271	1 102 060	1 714 567	-1 042 550	1 734 253	664 537	-71 735	1 272 681	903 997	-291 831	2 439 390	6 603 735
Expenses	Total Expenses	-622 709	-690 921	-735 308	-653 208	-738 669	-625 426	-774 734	-624 041	-1 123 348	-622 655	-621 962	-621 269	-8 454 251
Operating result	Net Underwriting Result	-1 824 072	-1 311 192	366 752	1 061 359	-1 781 219	1 108 826	-110 197	-695 776	149 333	281 342	-913 794	1 818 121	-1 850 516
Investment Income	Investment Income	270 097	-260 429	346 507	187 949	3 167 899	2 095 996	745 547	749 021	749 312	754 226	759 888	759 046	10 325 059
Net Surplus / (Deficit)	Net Surplus/Deficit	-1 553 976	-1 571 621	713 259	1 249 309	1 386 679	3 204 822	635 351	53 245	898 645	1 035 568	-153 906	2 577 167	8 474 544
Lives	Number of Lives	5 021	5 003	4 992	4 976	4 963	4 965	4 960	4 954	4 949	4 943	4 938	4 932	59 595
Accumulated Funds at Start	Accumulated Funds at the Start of the Period	140 186 659	138 632 683	137 061 062	137 774 321	139 023 630	140 410 309	143 615 132	144 250 483	144 303 728	145 202 373	146 237 941	146 084 035	140 186 659
Accumulated Funds at End	Accumulated Funds at the End of the Period	138 632 683	137 061 062	137 774 321	139 023 630	140 410 309	143 615 132	144 250 483	144 303 728	145 202 373	146 237 941	146 084 035	148 661 203	148 661 203
Solvency Ratio	Solvency													92%

Discovery Health Medical Scheme		Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Total
Gross contribution income	Gross Contributions	4 979 081 841	4 971 774 465	4 971 686 899	4 972 642 695	4 974 880 691	4 976 450 325	4 977 050 197	4 978 390 762	4 981 907 609	4 983 438 078	4 981 632 005	4 978 223 029	59 727 158 597
Savings contributions	Savings Contributions	921 510 596	922 742 000	921 207 000	920 106 000	919 131 000	918 768 000	917 271 844	915 974 230	915 092 555	913 980 123	912 488 736	910 908 323	-
Risk contributions	Risk Contributions	4 057 571 245	4 049 032 465	4 050 479 899	4 052 536 695	4 055 749 691	4 057 682 325	4 059 778 353	4 062 416 532	4 066 815 054	4 069 457 955	4 069 143 269	4 067 314 706	48 717 978 189
Net Claims Incurred	Total Claims	-3 097 724 000	-3 176 685 000	-3 523 232 000	-2 738 724 000	-3 547 316 000	-3 333 334 000	-3 380 564 576	-3 716 730 991	-3 376 387 460	-3 634 851 477	-3 764 442 366	-2 718 768 091	-40 008 759 961
Healthcare result	Gross Underwriting Result	959 847 245	872 347 465	527 247 899	1 313 812 695	508 433 691	724 348 325	679 213 777	345 685 541	690 427 594	434 606 478	304 700 903	1 348 546 615	8 709 218 228
Expenses	Total Expenses	-618 155 000	-618 567 000	-625 766 000	-618 691 000	-641 599 000	-633 882 000	-639 734 027	-619 080 723	-616 143 836	-620 904 063	-625 490 903	-627 523 923	-7 505 537 476
Operating result	Net Underwriting Result	341 692 245	253 780 465	-98 518 101	695 121 695	-133 165 309	90 466 325	39 479 750	-273 395 182	74 283 757	-186 297 585	-320 790 000	721 022 692	1 203 680 752
Investment Income	Investment Income	110 026 000	59 224 000	70 832 000	197 605 000	51 422 000	44 927 000	83 310 945	83 067 006	82 947 463	83 142 782	81 907 375	83 952 047	1 032 363 618
Net Surplus / (Deficit)	Net Surplus/Deficit	451 718 245	313 004 465	-27 686 101	892 726 695	-81 743 309	135 393 325	122 790 695	-190 328 176	157 231 220	-103 154 803	-238 882 626	804 974 739	2 236 044 370
Lives	Number of Lives	2 723 493	2 728 121	2 733 193	2 737 389	2 739 696	2 745 374	2 751 202	2 756 951	2 763 527	2 768 350	2 771 110	2 772 228	32 990 635
Accumulated Funds at Start	Accumulated Funds at the Start of the Period	14 234 436 946	14 686 155 191	14 999 159 656	14 971 473 556	15 864 200 251	15 782 456 942	15 917 850 267	16 040 640 962	15 850 312 786	16 007 544 006	15 904 389 203	15 665 506 577	14 234 436 946
Accumulated Funds at End	Accumulated Funds at the End of the Period	14 686 155 191	14 999 159 656	14 971 473 556	15 864 200 251	15 782 456 942	15 917 850 267	16 040 640 962	15 850 312 786	16 007 544 006	15 904 389 203	15 665 506 577	16 470 481 316	16 470 481 316
Solvency Ratio	Solvency													28%

Consolidated Scheme

Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Total
Gross Contributions												
Savings Contributions												
Risk Contributions												
Total Claims												
Gross Underwriting Result												
Total Expenses												
Net Underwriting Result												
Investment Income												
Net Surplus/Deficit												
Number of Lives												
Accumulated Funds at the Start of the Period												
Accumulated Funds at the End of the Period												
Solvency												

WitsMed Amalgamation - Project Plan

Phase	Primary Activity	Primary task	Secondary task	Action Entity	Time required	Start date	Due date	Date completed	Status
Approval	Reports	Merger partner selected	Potential merger schemes identified and evaluated. Contact Top 10 Schemes and ProMed and confirm the following: - Interest in the amalgamation - Provide information required - Confirm proposal will be provided by 20 July 2017.	AFH		06-Jul-17	11-Jul-17	11-Jul-17	Closed
Approval	Governance	Merger partner selected	Meeting Agenda 1. Identification of short-listed preferred partners	WitsMed			21-Jul-17	21-Jul-17	Closed
Approval	Governance	Merger partner selected	Information sent to short-listed schemes to provide proposal	AFH, Schemes		24-Jul-17	24-Jul-17		Closed
Approval	Governance	Merger partner selected	Meeting Agenda 1. Adjudication of proposals 2. Approval of a preferred amalgamation partner	Wits, AFH, Schemes			28-Jul-17		Closed
Approval	Governance	Business plan/exposition	Compilation of the Exposition document and supporting annexures in line with the guidelines issued by the Council for Medical Schemes (CMS)	AFH	2 weeks		11-Aug-17		Closed
Approval	Governance	Business plan/exposition	Approval of the Exposition document by both schemes board of trustees (WitsMed and DHMS)	WitsMed / DHMS	1 week		18-Aug-17		Closed
Approval	Reports	Memorandum of Understanding (MOU) between WitsMed and DHMS	Conditions of acceptance of WitsMed by amalgamated partner clarified and accepted	WitsMed / DHMS					Closed
Approval	Governance	Business plan/exposition	Submission of the Exposition to CMS for in-principal acceptance	AFH	1 week		25-Aug-17		Closed
Approval	Communication	Member Communication	Communication in year-end booklet to WitsMed members on outcome of merger partner selection process; Council's endorsement of proposed transaction and the way forward	AFH					Open
Member Transfer	Reports	Memorandum of Understanding (MOU) between WitsMed and DHMS	Signed Board resolutions from DHMS and WitsMed to effect merger	WitsMed / DHMS			23-Aug-17		Closed
Approval	Communication	Member Communication	Acquiring Scheme member voting on the proposed transaction - At the Special AGM	WitsMed	1 day				Open
Approval	Communication	Member Communication	WitsMed member communication letter, voting ballot paper and presentation slides drafted	AFH	1 week		04-Aug-17		Closed
Approval	Subsidy	Calculation of subsidy scenarios	Different scenarios calculated based on member option mapping	AFH					Closed
Approval	Reports	Subsidy policy	New WitsMed subsidy policy to be finalised	Wits University					Open
Approval	Communication	Member Communication	Member presentation slides sent to Wits for approval and signoff	AFH			04-Aug-17		Closed
Approval	Communication	Member Communication	Member letter and ballot paper sent to Wits for approval and signoff	Wits University			10-Aug-17		Closed
Approval	Communication	Creation of Mailbox	Set up Wits mailbox at AFH and loading of all member communication	AFH			10-Aug-17		Closed
Approval	Communication	Call Centre activated	Set up call centre at AFH including training of agents, to assist with member queries regarding the voting process	AFH			10-Aug-17		Closed
Approval	Communication	Member Communication	Roadshows to kick off	AFH			7/08/2017 - 4/09/2017		Closed
Approval	Communication	Member Communication	Distribution of member letters and voting ballot papers	AFH			10-Aug-17		Closed
Approval	Governance	Member voting	Voting by ballot	AFH / KPMG			11/08/2017 - 15/09/2017		Open
Approval	Governance	Member voting	Approval by WitsMed members	WitsMed Members			15/08/2017		Open
Approval	Governance	Member voting	Count of WitsMed votes	KPMG			18/08/2017		Open
Approval	Governance	Member voting	Verification WitsMed voting results by independent auditor	KPMG			18/08/2017		Open
Approval	Governance	Member voting	Announcement of WitsMed voting results to members	KPMG / WitsMed			18/08/2017		Open
Approval	Governance	Competition Commission approval	Appoint attorney to prepare the filing Filing fee shared by both parties.	DHMS / WitsMed			21-Aug-17		Closed
Approval	Governance	Competition Commission approval	Initial draft received from Attorney	ENS					Open
		Competition Commission notification	Initial draft reviewed by Wits	DHMS / WitsMed	1 month				Open
Approval		Competition Commission notification	Final draft received from Attorney	ENS					Open
Approval	Governance	Competition Commission approval	Final draft approved by Wits	DHMS / WitsMed					Open
Approval	Governance	Competition Commission approval	Filing submitted to CC by Attorney	ENS			01-Sep-17		Open
Approval	Governance	Business plan/exposition	Preparation of final Exposition document to the CMS incorporating the following: - WitsMed member voting results - Acquiring Scheme terms and conditions	AFH	1 day		18-Sep-17		Open
Approval	Governance	Business plan/exposition	Business Plan/Exposition signed by Scheme	DHMS / WitsMed					Open
Approval	Governance	Business plan/exposition	Business Plan/Exposition signed by Wits	DHMS / WitsMed					Open
Approval	Governance	Business plan/exposition	Submission of the final Exposition document to the CMS incorporating the following: - WitsMed member voting results - Acquiring Scheme terms and conditions	AFH	1 day		19-Sep-17		Open
Approval	Governance	Competition Commission approval	Competition Commission approval of the transaction	Competition Commission					Open
Member Transfer	Reports	Memorandum of Understanding (MOU) between WitsMed and Scheme	Conditions of acceptance for new members on Scheme submitted by DHMS	DHMS / WitsMed					Open
Approval	Reports	Memorandum of Understanding (MOU) between WitsMed and Scheme	Wits to meet with Scheme to re-negotiate the underwriting conditions and terms of acceptance for new members on Scheme.	DHMS / WitsMed					Open

Phase	Primary Activity	Primary task	Secondary task	Action Entity	Time required	Start date	Due date	Date completed	Status
Approval	Broker appointment	Discussion meeting	To unpack the need for a Scheme broker appointment, the service offering to be provided and the appointment process to be followed	AFH					Open
Approval	Broker appointment	Appointment of broker consultant	Send request for proposal for brokering service to top 4 healthcare brokers as identified by DHMS	AFH					Open
Member Transfer	Broker appointment	Appointment of broker consultant	WitsMed BOT to review tender submissions and recommend appointment. Wits to confirm the appointed broker.	WitsMed / Wits University					Open
Approval	Governance	Business plan/exposition	CMS approval of the Exposition document for inspection.	CMS			13-Oct-17		Open
Approval	Governance	Business plan/exposition	Copy of exposition sent to all members and creditors (if required)	DHMS / WitsMed	1 week from date of submission of Exposition				Open
Approval	Governance	Business plan/exposition	Publish notice of transaction in Gazette and newspapers	DHMS / WitsMed					Open
	Governance	Business plan/exposition	Period allowed for inspection of exposition by interested parties (21 days)	DHMS / WitsMed					Open
Approval	Governance	Business plan/exposition	Process in place to address objections	DHMS / WitsMed					Open
Approval	Governance	Business plan/exposition	Period allowed for representations (objections) to be lodged concerning the transaction (42 days)	DHMS / WitsMed					Open
Approval	Governance	CMS approval of transaction	All complaints and objections dealt with to Council's satisfaction. All requirements for approval of transaction are met.	DHMS / WitsMed					Open
Approval	Governance	CMS approval of transaction	Council confirms the exposition and final approval of the amalgamation in terms of S63(6) and the effective date of the Transfer on 1 Jan 2018	CMS					Open
Approval	Governance	Competition Commission approval	Final approval of transaction received	Competition Commission					Open
Approval	Governance	CMS approval of transaction	Scheme controlling transfer deposits with CMS a signed certificate in accordance with S63(13) - all conditions of the transaction complied with (within 14 days of confirmation) and all assets and liabilities transferred.	WitsMed					Open
Approval	Governance	Notice of Termination issued to third party providers - Discovery Health (Pty) Ltd and others	All contracted providers to be given 3 months written notice of termination effective 1 Oct 2017	WitsMed	Min 3 months notice		01-Oct-17		Open
Approval	Reports	Scheme employer application form	WitsMed to complete and return application form to Scheme	WitsMed					Open
Approval	Reports	Scheme Underwriting conditions	WitsMed acceptance of Scheme underwriting conditions	WitsMed					Open
Member Transfer	Communication	Member registration	Letter of Authority (LOA) signed and returned to Scheme to avoid suspension of membership (required due to electronic take-on)	WitsMed					Open
Member Transfer	Communication	Member roadshow	Compile presentation and held desk roadshow schedule	AFH	8 weeks		Nov and Dec		Open
Member Transfer	Communication	Member roadshow	Develop communication material on DHMS benefit options/contributions	AFH					Open
Member Transfer	Communication	Member roadshow	Roll out national DHMS roadshow to members	AFH					Open
Member Transfer	Communication	Member roadshow	Deadline for return of option change forms	AFH					Open
Member Transfer	Communication	Member registration	Delivery of welcome cards and membership cards	DHMS					Open
Member Transfer	Communication	Member registration	Processing of option selection forms. Registration of members for chronic illness conditions and disease management programmes. Distribution of membership cards and packs.	DHMS			Dec		Open
Approval	Governance	CMS approval of transaction	WitsMed scheme registration certificate sent to CMS for de-registration wef 1 Jan 2018	WitsMed					Open
Report	Governance	Administration Termination	Issue of administration termination report by administrator	Discovery Health (Pty) Ltd					Open



To: All Members
University of the Witwatersrand, Johannesburg Staff Medical Aid Fund (WitsMed)

Dear Members

WitsMed has performed well for many years, but last year's changes in conditions of employment for University staff led to the erosion of membership numbers and resulted in a loss of contribution income, and further changes approved by the University Council recently will undoubtedly lead to further losses (both of members and of income) in 2018. Consequently, our actuaries have advised that WitsMed will no longer be viable or sustainable in the medium term.

Following a careful process of investigation and evaluation with the assistance of the Technical and Actuarial Division of Alexander Forbes Health (the largest medical aid advisory company in South Africa), the WitsMed Board of Trustees has accepted that the only viable course of action is amalgamation with a larger, more robust scheme. This is a very complex matter, and the Board has not made this decision lightly, as the interests of our members are paramount.

Analysis of the relative strengths of the ten largest open schemes in South Africa has led to the identification of Discovery Health Medical Scheme as the most appropriate amalgamation partner – for many reasons, including its wide range of options that provide approximately similar benefits to WitsMed within the range of contributions that our members currently pay, its ability to absorb our very high percentage of pensioner members, and its willingness to amalgamate with WitsMed. Negotiations with Discovery have therefore commenced.

Amalgamation requires the consent of our members, and in order to vote in this matter you will need to be able to make an informed choice. Voting packs will be distributed shortly (electronically for those with email addresses and via post for those without), and a comprehensive analysis of the proposal and a summary of the formal processes that have been followed will be included. In the interim Alexander Forbes and members of the Board will be making presentations and answering questions at eight information sessions on the University's various campuses, as follows -

Day	Date	Time	Venue	Campus
Monday	7 August	10:30 - 12:30	B45, Bohlaleng Block, School of Education	Education Campus
		13:30 - 15:30	Investec Auditorium, Wits Business School	Parktown Campus
Tuesday	8 August	13:30 - 15:30	Len Miller Room, 9th Floor, Medical School	Health Sciences
Thursday	10 August	10:30 - 12:30	SHB4, Solomon House (formerly Senate House)	East Campus
		13:30 - 15:30	WSS4, Wits Science Stadium	West Campus
Monday	14 August	13:30 - 15:30	SH6, Solomon House (formerly Senate House)	East Campus
Tuesday	22 August	13:30 - 15:30	B45, Bohlaleng Block, School of Education	Education Campus
Monday	4 September	13:30 - 15:00	SH6, Solomon House (formerly Senate House)	East Campus

All members are asked to assist in this process by ensuring that they fully understand this matter (especially the dire consequences if we are not able to achieve amalgamation) and by exercising their votes. If we do not receive the consent of two-thirds of our members, large numbers may find themselves with no medical aid cover, or with cover only at a very much higher cost. Please note that it is imperative that we complete the statutory requirements for a merger by the end of this year.

Yours faithfully,

Robert Sharman
Chairman: WitsMed Board of Trustees

2 August 2017
RVS/rvs



11 August 2017

Dear Member

Proposed amalgamation of WitsMed and Discovery Health Medical Scheme

As per the communication of the Chairman to members dated 2 August 2017, the Board of the University of the Witwatersrand, Johannesburg Staff Medical Aid Fund (“WitsMed”) is proposing that WitsMed amalgamate with Discovery Health Medical Scheme (“DHMS”).

Four important issues to be addressed in this letter are -

- the reasons for the proposed amalgamation;
- the actions taken by the WitsMed Board of Trustees (“the Board”) to reach the decision to propose an amalgamation with DHMS;
- the process that members must follow with respect to the proposed amalgamation; and
- the importance of members voting in order for the proposed amalgamation to be approved.

1. Background

WitsMed was established nearly 70 years ago to provide affordable healthcare cover for employees and retirees of the University of the Witwatersrand. The Scheme is currently administered by Discovery Health (Pty) Ltd and is managed by a 12-member Board.

Although WitsMed is a separate legal entity, Wits University is an important stakeholder in the Scheme, and to ensure the sustainability of WitsMed, the continued support of the employer has always been necessary – as has the condition of service that compelled members of staff to join WitsMed unless they were covered by their spouse’s/partner’s medical scheme. In 2016, however, changes to the conditions of service of staff earning under R205 000 per annum, resulted in more than 300 members leaving WitsMed to join a cheaper scheme that had been identified by the University as being suitable for that category of staff, and that move alone posed a threat to the future sustainability of WitsMed.

This decision was unavoidable, given that the accumulated effect of years of high medical inflation in relation to relatively low salary increases had made membership of WitsMed (and all other comprehensive medical schemes) less and less affordable, especially for employees with relatively low incomes.

Unfortunately two attempts by WitsMed to launch a low-income option within WitsMed did not produce sufficient subscribers for that option to be viable, and consequently we still have only one, standard WitsMed option.

Following the loss of a significant proportion of members to the alternative scheme, WitsMed is faced with the prospect of losing yet more members because the University has recently agreed to make yet more choices available to all current staff members, in further competition with WitsMed, and it is therefore almost certain that many of the younger and healthier members of staff will opt for a cheaper option within another scheme, with correspondingly lower benefits but resulting in more take-home pay at the end of each month. This will leave WitsMed with an increasing percentage of the less-young and less-healthy, resulting in our scheme becoming increasingly less viable and more expensive.

These changes have forced the Board to consider all alternatives, and we have eventually found ourselves with only one viable course of action that will ensure ongoing access to reasonably comprehensive medical aid cover for all members, this being amalgamation with another, larger scheme that is robust enough to ensure that our current membership profile, high average age of members and high claims ratios do not threaten the viability of that scheme.

Key factors affecting the future sustainability of WitsMed are:

a. WitsMed's limited number of benefit options

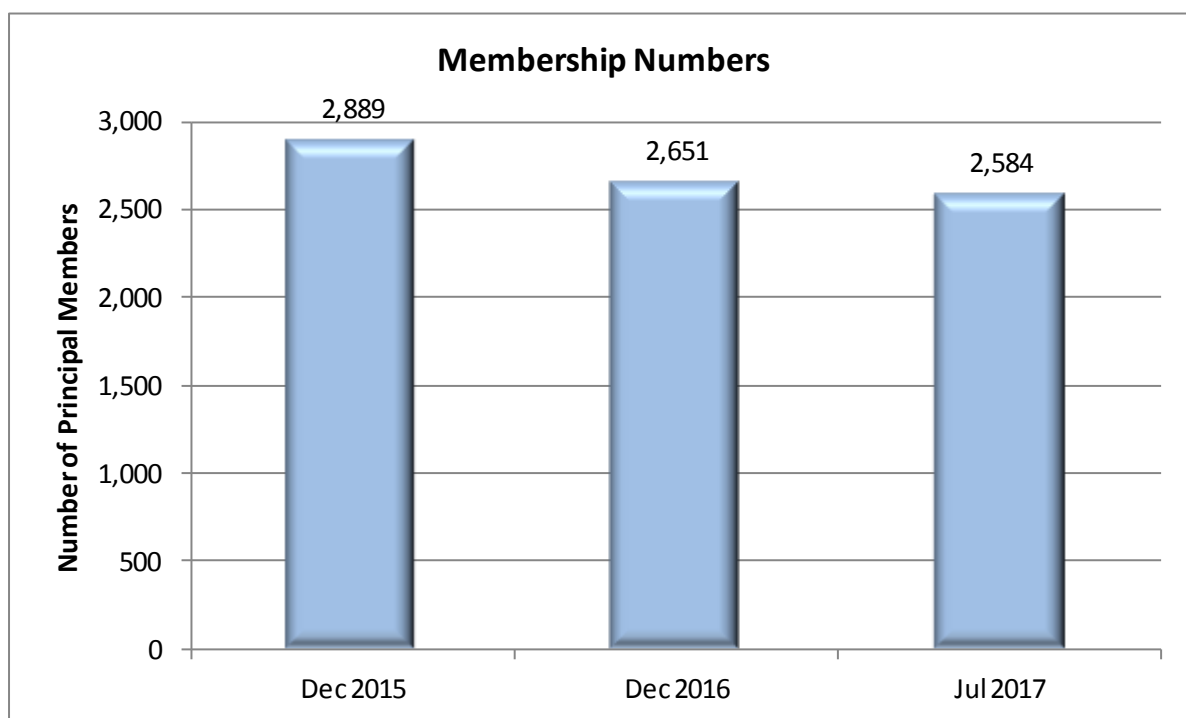
WitsMed only offers one benefit option to members, this being the WitsMed Standard Option.

As previously mentioned, the cheaper WitsMed Network Option has never been activated in spite of two attempts to recruit members to that option, because last year's change in conditions of service (allowing members to move to an alternative scheme) eroded the number of interested members while we were trying to launch that option, and consequently we were unable to reach the number of interested members that was required for that option's approval by the Council for Medical Schemes.

By contrast, every open medical scheme offers a range of benefit options to suit individual needs and the levels of contributions that members can afford. WitsMed's limited benefit offering prevents members from selecting an appropriate benefit option based on individual healthcare needs and affordability.

b. WitsMed's small membership base

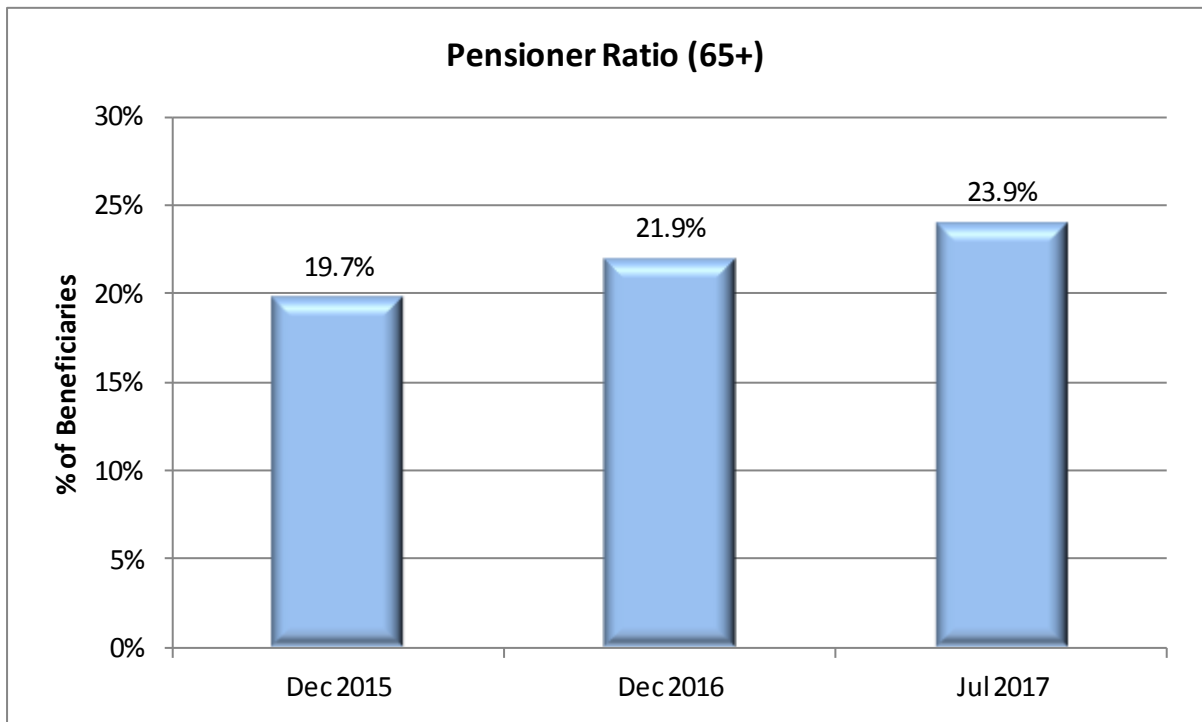
The membership of WitsMed has decreased by 305 principal members over the past year and a half as illustrated in the graph below, and this trend is expected to continue when additional schemes are made available to members of staff next year.



Although WitsMed has performed well financially and has been able to provide generous benefits for many years, the declining membership base will inevitably increase the potentially negative impact that a few high cost claims could have on the Scheme's overall financial performance. The Council for Medical Schemes ("CMS") requires a minimum of 6,000 principal members for the registration of a new medical scheme, a requirement that is based on the acknowledged non-viability of smaller schemes in the long term. Furthermore, at the recent Board of Healthcare Funders Conference, the CMS announced its intention of instructing all medical schemes not meeting the minimum membership threshold of 6,000 principal members to consolidate with larger medical schemes.

c. WitsMed's ageing demographic profile

The table below shows that the proportion of pensioner members (identified for the purpose of this analysis as beneficiaries aged 65 years or older) has steadily increased over the past three years to 23.9% as at July 2017. This is well above the national medical aid average of 7.7% as at December 2015.



The Scheme's average age of 42.7 years is also well above the 32.3 industry average age of medical aid beneficiaries. WitsMed's ageing demographic profile and high pensioner ratio is only likely to worsen over time as membership declines due to the employer introducing additional medical schemes to staff, with the expectation that the young and healthy members of WitsMed are likely to switch from WitsMed to one of the alternatives provided. This is likely to result in rising claims costs, and in particular the number of high cost claims, because older members tend to claim more than younger members.

2. Selection of a suitable amalgamation partner

Given the above factors, at a special meeting of the Board of Trustees held on 14 July 2017, the Board resolved to amalgamate the Scheme with an appropriate amalgamation partner, and Alexander Forbes Health (Pty) Ltd was appointed as the transaction advisor and project manager for the amalgamation.

A comprehensive market analysis was conducted by Alexander Forbes, to assist the Board in identifying possible amalgamation partners. As a first step, South Africa's ten largest open medical schemes and the restricted medical scheme Profmed were evaluated. The top ten open schemes are BestMed Medical Scheme, Bonitas Medical Fund, Discovery Health Medical Scheme, FedHealth Medical Scheme, HosMed Medical Aid Scheme, KeyHealth Medical Scheme, MediHelp, Medshield Medical Scheme, Momentum Health and Sizwe Medical Fund. The evaluation criteria included the state of governance, demographic profile, financial performance and an extensive interrogation of an appropriate benefit offering for all WitsMed members with a specific focus on the benefit offering for the members in the lower income bands of WitsMed.

The Board then shortlisted three schemes and invited them to present their value propositions as potential amalgamation partners to WitsMed. The three were Discovery Health Medical Scheme, FedHealth Medical Scheme and KeyHealth Medical Scheme. Unfortunately only Discovery Health Medical Scheme accepted the invitation, the other two schemes giving reasons for their resistance to the high pensioner ratio and the high claims ratio of WitsMed, relative to the norms in the open market. Given that the three shortlisted potential partners had been selected because their profiles were substantially better aligned with the needs of our members, the Board decided not to seek replacements for the two schemes that had withdrawn, but to proceed to meet with Discovery Health Medical Scheme after which further consideration would be given to casting the net wider.

During and following the DHMS presentation, the Board assessed the scheme on the basis of, *inter alia*, its financial position and strategic vision, appropriateness and affordability of benefit offerings for low-income members, administration record relative to all other schemes in the open market (based upon the number of complaints per 1,000 members recorded by the Council for Medical Schemes over the past few years), its member servicing model, clinical and financial risk management, and specific terms and conditions of the DHMS offer.

The outcome of this lengthy in-depth assessment resulted in a decision that the Board should not seek alternative amalgamation partners, and that DHMS should be selected as the scheme which best satisfied the following key selection criteria:

- consistent financial performance compared to the other shortlisted schemes resulting in a track record of stable contribution increases every year;
- favourable demographic profile, and willingness to absorb the high pensioner ratio of WitsMed;
- a wide range of benefit options – DHMS offers 23 options, at widely differing contribution rates (ie prices) – and in particular options catering to low-income employees and pensioners for whom affordability is a key concern;
- large investments in technological innovation, risk management and fraud management;
- ease of consolidation of the University's medical scheme administration arrangements and integration with WitsMed, because WitsMed is currently administered by the same administrator as DHMS;
- ease of transferability of service provider networks (hospitals, general practitioners, specialists and medication dispensaries), protocols and medication formularies;
- ease of transferability and limited disruption to members registered for chronic medication and/or on disease management programmes for oncology, diabetes and HIV/Aids; and
- retention of the Vitality programme in which over 15% of WitsMed members are participants.

3. The Way Forward

A business plan for the proposed amalgamation as required in terms of Section 63 of the Medical Schemes Act 131 of 1998 is currently being drafted by the Board of WitsMed and will be submitted to the Regulator (the CMS) for consideration following the conclusion of the voting process discussed below.

The next step is for members of WitsMed to cast their vote, either in favour of or against the proposed merger.

Notices will be published in national newspapers once the business plan for the amalgamation has been formally lodged with the CMS and members of both schemes will have the opportunity to inspect it and to lodge objections should they wish to do so. A submission will also have to be made to the Competition Commission.

The proposed date for the amalgamation is **1 January 2018**. On this date, subject to member approval, all rights, obligations, assets and liabilities of WitsMed will vest in DHMS and the amalgamated scheme will be governed by the rules of DHMS.

4. Member voting

Members of WitsMed need to cast their votes and make their opinion known, either by voting in FAVOUR of or AGAINST the proposed amalgamation by no later than midnight on Friday, 15 September 2017. This will allow 35 days for the voting process in accordance with the Scheme Rules.

5. Why it is important for members to vote?

Before the amalgamation can be formally approved by the CMS, the members of both medical schemes need to approve the transaction. DHMS members will also have the opportunity to vote for the transaction under a separate process followed by DHMS.

Please note that, because the WitsMed Rules require at least two-thirds of members to approve the proposed amalgamation, ALL WitsMed members need to cast their votes. This is very important, as any delay in achieving amalgamation may result in an inability to find an amalgamation partner – to the future detriment of most members.

If at least two-thirds of the votes cast are IN FAVOUR of the recommended transaction, the amalgamation will continue subject to the formal approval of the Council for Medical Schemes and the Competition Commission. We will inform WitsMed members of the outcome of the voting process as soon as possible.

If fewer than two-thirds of the votes cast are IN FAVOUR of the amalgamation, the merger with DHMS will not continue. This means the Board will have to re-visit other alternatives to ensure the future financial sustainability of the Scheme. This is likely to result in:

- higher contribution increases than the market average so that claims and expenses can be covered by contribution income;
- benefit reductions to contain cost escalations; and
- the possible liquidation of WitsMed.

These changes will negatively affect the market competitiveness of WitsMed, resulting in the further defection of younger members to the alternative schemes that the University is likely to approve shortly, and medical aid cover within WitsMed – especially for low-income members – will then become even more unaffordable.

Voluntary liquidation of WitsMed is likely to follow which will leave high risk members (members and dependants with chronic conditions) exposed to “underwriting” (ie penalties), including general waiting periods of three months and/or 12-month condition-specific waiting periods following application for membership to a new medical scheme. Some former WitsMed members may also face late joiner penalties (ie increased contribution in perpetuity) imposed by their new schemes.

6. How to vote

There are two methods of voting – one for members who have email access, and one for those without, as follows:

- Members with an email address must reply electronically to the voting communication emails sent by KPMG by clicking on the link provided, and completing the electronic ballot paper.
- Members without access to email are being sent voting communication packs via post, and must return their ballot papers to KPMG in the postage-paid self-addressed return envelope included in their packs.

SENDING BALLOT PAPERS TO KPMG, via Post -

Attention: Leon Grobler

KPMG

Private Bag 9

Parkview 2122

Note: Completed postal ballot papers need to reach KPMG by **12h00 on Friday, 15 September 2017.**

KPMG (the WitsMed auditors) will count the votes and validate the results on behalf of the Scheme. If a member submits more than one vote, KPMG will count the latest ballot received (as per the date stamp on the envelope or the online ballot) as the member’s final vote.

7. Information Sessions/Road Show Schedule

Please refer to the schedule below for full details on the information sessions. Your attendance is important as these sessions will provide you with an overview of the proposed amalgamation, the DHMS product and the importance of your vote.

Day	Date	Time	Venue	Campus
Monday	7 Aug 2017	10:30 - 12:30	B45, Bohlaleng Block, School of Education	Education Campus
		13:30 - 15:30	Investec Auditorium, Wits Business School	Parktown Campus
Tuesday	8 Aug 2017	13:30 - 15:30	Len Miller Room, 9th Floor, Medical School	Health Sciences
Thursday	10 Aug 2017	10:30 - 12:30	SHB4, Solomon House (formerly Senate House)	East Campus
		13:30 - 15:30	WSS4, Wits Science Stadium	West Campus
Monday	14 Aug 2017	13:30 - 15:30	SH6, Solomon House (formerly Senate House)	East Campus
Tuesday	22 Aug 2017	13:30 - 15:30	B45, Bohlaleng Block, School of Education	Education Campus
Monday	4 Sep 2017	13:30 - 15:00	SH6, Solomon House (formerly Senate House)	East Campus

8. Notifying members of the outcome of the voting

As soon as KPMG has counted the votes and completed the auditing process, we will inform members of the outcome.

9. Important information

(This section describes what will happen if the members of both schemes accept the proposed amalgamation.)

WitsMed benefits before the amalgamation

WitsMed will continue to operate as per usual until the amalgamation date and members will have access to benefits on WitsMed as per the 2017 benefit and contribution schedule until midnight on 31 December 2017.

Summary of the DHMS product and default benefit options

We have included a summary of all the 2017 DHMS benefit options so that you can familiarize yourself with the current benefits and contribution rates. It is important to note that the DHMS benefits and contributions will change on 1 January 2018 in line with general scheme changes. Details on the 2018 DHMS product will be made available to you later this year when they are published by DHMS.

- If the amalgamation is successful, WitsMed members will be given an opportunity to select the DHMS option that they wish to join. This is likely to take place at the same time that the University offers the choice of two or three other medical schemes, so you will not be forced to join DHMS;

- To facilitate ease of administration, WitsMed members who do not make a selection of one of the 23 DHMS options in time (ie by 8 December 2017, to allow for new membership cards to be printed and distributed) and who do not choose to move to another scheme will be defaulted to the closest DHMS option based on a member's current WitsMed income band and family structure, as follows:

Income Band	Discovery Option Mappings by Family Structure			
	P	PA	PC	PAC
R 0 - R 915	KeyCare Plus	KeyCare Plus	KeyCare Plus	KeyCare Plus
R 916 - R 1775	KeyCare Plus	KeyCare Plus	KeyCare Plus	KeyCare Plus
R 1776 - R 2745	KeyCare Plus	KeyCare Plus	KeyCare Plus	KeyCare Plus
R 2746 - R 3610	KeyCare Plus	KeyCare Plus	KeyCare Plus	KeyCare Plus
R 3611 - R 4470	Classic Delta Saver	KeyCare Plus	KeyCare Plus	KeyCare Plus
R 4471 - R 5385	Classic Saver	Classic Delta Saver	Classic Delta Saver	Classic Delta Saver
R 5386 - R 6245	Classic Saver	Classic Delta Saver	Classic Delta Saver	Classic Delta Saver
R 6246 - R 9123	Classic Priority	Classic Saver	Classic Saver	Classic Saver
R 9124 - R 10225	Classic Priority	Classic Saver	Classic Saver	Classic Saver
R 10226 - R 11392	Classic Priority	Classic Priority	Classic Saver	Classic Saver
R 11393 - R 12560	Classic Priority	Classic Priority	Classic Saver	Classic Saver
R 12561 - R 13655	Classic Priority	Classic Priority	Classic Priority	Classic Priority
R 13656 - R 14756	Classic Priority	Classic Priority	Classic Priority	Classic Priority
R 14757 - R 15923	Classic Priority	Classic Priority	Classic Priority	Classic Priority
R 15924 - R 17019	Classic Priority	Classic Priority	Classic Priority	Classic Priority
R 17020 - R 18259	Classic Priority	Classic Priority	Classic Priority	Classic Priority
R 18260 - R 19355	Classic Delta Comprehensive	Classic Priority	Classic Priority	Classic Priority
R 19356 - R 20450	Classic Delta Comprehensive	Classic Priority	Classic Priority	Classic Priority
R 20451 - R 21623	Classic Delta Comprehensive	Classic Priority	Classic Priority	Classic Priority
R 21624 - R 22719	Classic Delta Comprehensive	Classic Priority	Classic Priority	Classic Priority
R 22720 - R 24761	Classic Delta Comprehensive	Classic Priority	Classic Priority	Classic Priority
R 24762 - R 27310	Classic Comprehensive	Classic Priority	Classic Priority	Classic Priority
R 27311 - R 44604	Classic Comprehensive	Classic Priority	Classic Priority	Classic Priority
R 44605 +	Classic Comprehensive	Classic Delta Comprehensive	Classic Comprehensive	Classic Delta Comprehensive

* P refers to a family with a single principal member, PA refers to a family with a principal member and an adult dependant, PC refers to a family with a principal member and child dependant, PAC refers to a family of two adults with child dependents.

As mentioned above, all members will get an opportunity prior to the date of amalgamation to choose their preferred DHMS option from the range of options offered. In addition, members may change their minds and transfer to another option until 31 March 2018.

The benefits and contributions of a member's chosen DHMS option will apply from **01 January 2018**.

10. Contact details

If you have any queries regarding the amalgamation or the voting process please contact Alexander Forbes Health through one of the means below.

Telephone: (011) 269 2690 or 0860 100 666

Fax: (011) 263 1894

Email: witsmed@aforbes.co.za

SMS “**Medical Aid Wits**” to **31768** and we’ll call you back within 24 hours
(sms charged at standard rates)

On behalf of the WitsMed Board of Trustees we trust that you will now be in a position to make an informed decision about your future medical scheme cover for yourself and your dependants.

Kind regards

Rob Sharman
Chairman, WitsMed Board of Trustees

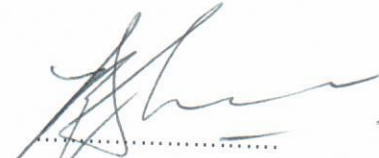
Theresa Todd
Principal Officer

UNIVERSITY OF THE WITSWATERSRAND, JOHANNESBURG STAFF MEDICAL AID
FUND "WitsMed"

RESOLUTION

At the special meeting of the Board of Trustees of the University of the Witwatersrand, Johannesburg Staff Medical Aid Fund "WitsMed", held on 30 June 2017, the Board resolved to amalgamate WitsMed with Discovery Health Medical Scheme effective 1 January 2018.

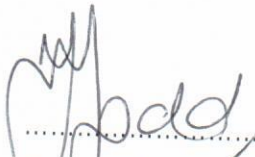
CERTIFIED AS BEING ADOPTED IN TERMS OF THE RULES OF THE SCHEME
TOGETHER WITH SUMMARISED PARTICULARS OF THE PROPOSED CHANGES.



.....
Chairperson



.....
Trustee



.....
Principal Officer

**Resolution of the Trustees of the Discovery Health Medical Scheme (“The Scheme”) passed by
round robin resolution on 24 August 2017**

Background

With recent changes to their policies, the University of the Witwatersrand, Johannesburg Staff Medical Aid Fund (“WitsMed”) has been independently advised to amalgamate with a larger scheme.

Following the presentation by the Scheme to WitsMed and WitsMed Trustee deliberations, DHMS was selected as the preferred amalgamation partner for WitsMed.

WHEREAS the Scheme’s Board of Trustees (“Board”) has resolved at a meeting held on 7 August 2017 to proceed with the amalgamation process subject to the following terms and conditions:

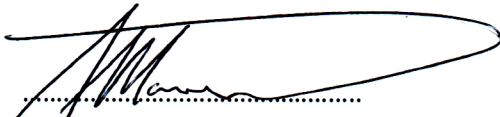
- The amalgamation is to take place no later than 1 January 2018. In the case that this date is postponed, the proposed merger would need to be re-evaluated.
- The full reserves (i.e. assets minus liabilities including any unrealised gains) must be transferred to DHMS on the date of the merger. If the projected reserves reduces to below R140 million (including unrealised gains) DHMS may reconsider the amalgamation.
- All beneficiaries who have not selected an option will be defaulted as per default mapping agreed to between the Scheme and WitsMed.
- WitsMed members who join DHMS on 01 January 2018 will be accepted by DHMS without any underwriting. WitsMed members who do not join DHMS by 01 January 2018 will be subject to underwriting if they decide to join at a later date. For new employees of the University of the Witwatersrand, there will be a three month window period from the start date of employment to join DHMS without underwriting, but any new employees joining DHMS after the three month window period will be subject to underwriting.
- The existing late joiner penalties and waiting periods (general and condition-specific) of WitsMed members will be transferred to DHMS and applied.
- The amalgamation is subject to approval by the Board of Trustees of each scheme. The Amalgamation is also subject to approval by vote at a Special General Meeting of DHMS members as well as the approval thereof by WitsMed members in terms of their rules. The proposed amalgamation must be approved by the Council for Medical Schemes in terms of Section 63 of the Medical Schemes Act 131 of 1998 and the approval of the transaction is also required by the Competition Commission.
- Each scheme will bear its own costs for the amalgamation.
- The costs for the Competition Commission submission are to be shared equally.

It is hereby RESOLVED that:


- The Board at a meeting held on 7 August 2017 approved the amalgamation;
- That Nozipho Sangweni in her capacity as Principal Officer of the Scheme be and is hereby authorized to sign all documents on behalf of the Scheme in order to give effect to the above;
- That the Board has approved the exposition document that is to be forwarded to the Council for Medical Schemes as circulated to the Board on 18 August 2017.


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Dr Nozipho Sangweni
Principal Officer

..... 25 August 2017
Date Signed


.....
Neil Morrison
Chairperson

..... 25 August 2017
Date Signed


.....
Daisy Naidoo
Trustee

..... 25 August 2017
Date Signed