

FEDHEALTH VIRTUAL AGM 2020: QUESTION AND ANSWER SESSION

Q1: Firstly, I would like to know what kind of assistance do you give when someone gets infected with the Coronavirus? Secondly, if one is infected and chooses to self-isolate in a hospital, even if doctors say one can self-isolate at home, will Fedhealth pay the hospital bills?

– Ms Karabo Tshabalala

A1: The Scheme has been sending our members communication about the virus consistently for a number of months. This ranges from education on social distancing, good hygiene habits as well as what to do when a member suspects they have, or begins to experience symptoms of the virus. Our advice in this regard has been to call a GP and discuss it with them: If there are no symptoms, the GP will probably advise to self-isolate at home, and practice increased personal hygiene and social distancing for up to 14 days. This consultation is covered as a day-to-day consultation.

If a member is deemed to be a person under investigation (PUI) by their doctor, and is experiencing severe symptoms that warrant admission, hospitalisation will be covered according to our managed care protocols from Risk. This condition is a PMB.

Testing as a PUI is covered by the Scheme from Risk. There is an APMB care template available for members who have been identified, and this generally covers consultations with GPs and specialists, specific radiology and pathology as well as specific physiotherapy, and will be also be covered from the Risk benefit.

Self-isolation in hospital at a member's request would not form the basis for a hospital authorisation.

Q2: I do not believe that I got a copy of the notice of this meeting, just an invitation to join the session? – Mr Peter J Rous

A2: A notice of the meeting was sent to all members via email on 7 July 2020. This was followed by the meeting invitation and a reminder to join the meeting the day before.

Q3: Please explain why Fedhealth does not include top-up savings contributions in the member contribution on the tax certificates? – Ms Martha A Van Rooyen

A3: South African tax laws define what is deemed to be medical scheme contributions, not the Scheme itself. Top-up savings amounts are not deemed to be medical scheme contributions by SARS: they are seen as a voluntary contribution to the member's accumulated savings. Members can keep track of these amounts and include them in their tax submission in addition to the medical aid tax certificate.



QUESTION AND ANSWER SESSION

Q4: May you please explain why one cannot top up the MediVault even if one pays it up?
- Mr Peter P N Kadzutu

A4: The MediVault benefit is an annual benefit given to members at the beginning of each year. Should a member wish to top up their benefits, they can do so by paying additional funds into their Savings.

Q5: I would really like to know why the MediVault can't be added to tax certificates? Is there a way you can increase Savings contributions rather than depending on the MediVault?
- Mr Qondile Mayekiso

A5: South African tax laws define what is deemed to be medical scheme contributions, not the Scheme itself. Top-up savings amounts are not deemed to be medical scheme contributions by SARS: they are seen as a voluntary contribution to the member's accumulated savings. Members can keep track of these amounts and include them in their tax submission in addition to the medical aid tax certificate.

Q6: I really like Fedhealth's emails. I enjoyed the one about which activities place us most at risk of contracting COVID-19. This should be shared on social media. Well done Fedhealth!
- Mrs Sarah L Bennett

A6: Thank you for the positive feedback, our aim is to provide content that is relevant and that adds value to our members.

Q7: Why am I not allowed to cover grandchildren when they are my responsibility? My daughter is unmarried. - Mrs Moleboheng H Marametsi

A7: Regarding children, a sibling, grandchild, nephew, niece or third generation baby could be admitted on to the Scheme. Underwriting criteria will apply and the Scheme requires specific information to determine dependency:

- Your biological or adopted child over the age of 21 years: Proof of registration from a full time tertiary institution for the current year, if a full time student, or an affidavit for the dependant confirming residency, marital status, employment status, income and proof of legal adoption.
- Your adopted child under the age of 21 years: Proof of legal adoption.
- Your foster child: Legal documents pertaining to the foster child.
- A parent or grandparent of the principal member: An affidavit confirming residency, marital status, employment status and income.
- A sibling, grandchild, nephew, niece or third generation baby: An affidavit confirming residency, employment, income and marital status of child and both parents.

Q8: Why are funds depleted as early as winter even after one has added so much money to the MediVault? hy can't one top up at anytime?
- Mrs Vangile Moeketsane

A8: A member's day-to-day funds being depleted are dependent on usage of out-of-hospital services. There are a couple of things you can look at to ensure your funds last longer like:
- ensuring you use a GP or specialist on our Network
- making use of your designated service providers
- asking your doctor to prescribe generic medications if medically appropriate.

It's important to note that even when your day-to-day benefits are depleted, you still have access to hospitalisation cover which is critical in the event where you or a family member needs surgery or hospitalisation.



QUESTION AND ANSWER SESSION

Q9: Will you make more use of this platform for meetings and presentations to members? It enables those of us not in Johannesburg to feel closer to our Scheme. Thank you.

- Mr Ian Fraser

A9: The Board will review the specific Scheme Rules relating to the Annual General Meeting having to be physical. We do see this as a great opportunity to reach out to all of our members.

Q10: When was Medscheme's Admin contract last reviewed? What is the current contract period? - Mr Ernst Ackermann

A10: The Admin contract is reviewed on an annual basis. We are aware that sometimes due to human error you could experience some problems, which is always addressed by Medscheme as they are identified.

Q11: Regarding chronic medication, may I suggest that all related tests, etc. are covered by the medical scheme? For instance, I was diagnosed with hypothyroidism and my doctor wants to see me at least every six months, sometimes more. Thus, I pay for the blood tests, prescription writing and doctor's visit out of my pocket. I am on one of the lower options of the aid and almost pay R2 000 per month in addition to the MediVault. My medication is included every month, which is roughly R100 per month. I feel that each member should be addressed differently according to his/her condition and how they 'abuse' the medical aid.

- Ms Rolinda Schultz

A11: In the event of a member being diagnosed with a chronic condition, the member is required to register the condition by sending a copy of the script to CMM@fedhealth.co.za. Depending on the option the member selected and the condition, the condition may be approved as chronic. Once this has been done, members will receive a treatment plan for the condition allowing them cover for a list of GP and specialist consultations as well as other treatments and blood tests associated to the condition. Should additional tests or consultations be required, a medical motivation can be submitted for review.

Q12: Your geriatric care programme, how do I access it, since the call centre does not know?

- Mr Joachim Walde Von Lieres

A12: Whilst we do not have a geriatric programme as such, we do have benefits that may help a geriatric member, these are covered from the Risk benefit and not at a cost to the member.

- Screening and Preventative benefits that are subject to certain criteria:
 - Annual flu vaccination
 - Once in a lifetime Pneumococcal vaccination
 - Cholesterol screening
 - Cervical cancer screening
 - Prostate Specific Antigen (PSA) test
 - Bone densitometry
 - Mammography for breast cancer
 - Colorectal cancer screening
- Various Health Risk Assessments, e.g. HIV finger prick test, BMI, blood pressure and glucose tests
- There is also an Emotional Wellbeing Programme available to members.



QUESTION AND ANSWER SESSION

Q13: I find Fedhealth's administration processes to be very unhelpful. I suggest that if this was resolved there would be far more customer satisfaction. Here are a few examples: The rules and benefits for each option seem to be unnecessarily detailed and almost intentionally confusing. There seem to be rules within rules and almost every call to the customer care line results in a "Yes, but..." reply. It is not user friendly. In addition, information promised by the call centre seldom arrives and requests for escalation seem to achieve nothing. Some of the call centre operators are very helpful, but there seems to be something of an invisible wall between the frontline and the 'engine'. Monthly statements arrive indicating that a service provider has been paid... which is frequently incorrect. I could go on and on. Customer care and support purports to be good but is not beyond superficial communication. - *Rev Pierre Naude*

A13: 1. Due to the complexity of the medical aid industry and the requirements set out by the Council for Medical Schemes, we are required to provide as much detail as possible.
2. Various processes have been set in place to ensure members receive the best service. Should the member feel their query was not handled in a proper manner, the enquiry may be escalated to a team leader or manager for further intervention. In the event of a member's enquiry not being resolved, the matter may be referred to the Principal Officer.
3. All transactions submitted on our systems are required to reflect on a member's statement (as it was submitted) for audit purposes, often resulting in more than one transaction being displayed. If a member feels a provider was paid incorrectly, they can verify the payment on the Fedhealth Family Room or contact the contact centre for assistance.

Q14: Could you perhaps look at the following benefits for 2021? On flexiFED 1, flexiFED 2 and flexiFED 3 you offer the following Network GP benefit: 'Consultations at a Fedhealth Network GP will be covered from your day-to-day benefit. Once your day-to-day expenses have accumulated to the Threshold Level, Fedhealth will cover unlimited GP visits at a nominated Fedhealth Network GP.' Would it be possible to allow some options access to unlimited or maybe a limited number of consults sooner? Instead of members having to wait till they have reached the Threshold Level. - *Mrs Megan Nipper*

A14: Thank you for the suggestion, the benefit will be sent to our actuarial team to look at the possible cost impact. This could possibly lead to a higher claim ratio which could impact the contribution increases for 2021.

Q15: I am a 57-year-old male who has looked after himself prior and subsequent to being diagnosed with Crohns in 1998. You have funded Revelex for me for 20 odd years. I am currently on Entyvio which works for me as the effect of the Revelex wore off. I have been on various other drugs and biologicals including Humira. I heard recently that Fedhealth will no longer cover me for Revelex if the time comes to get off Entyvio. I have been on Entyvio for two years thinking that it would be good to save money and get a drug that costs me nothing because at this point it's provided by a foreign NGO - a win-win in my mind. But I have been told that if this Entyvio supply stopped, I would go back onto Revelex monthly because Fedhealth refuses to cover the full cost of the drug and I, who already pay R12 000 a month, must cover any outstanding costs that you refuse to cover now. Why is this? I am a chronic member and have only been a Fedhealth member. - *Mr Stuart A Vorster*

A15: As a general question, this is difficult to answer, because there's a lot of detail that would need looking at carefully by the medicine management clinical team. Crohn's Disease is on the Chronic Disease List, which means we cover it at PMB level of care. The biologicals used to treat this condition are considered to be the most advanced therapies available, as such, they are expensive, and require detailed medical care. Our Specialised Medication Benefit covers the cost of biologicals, both oncology and non-oncology, on maxima EXEC and maxima PLUS and each and every case is carefully evaluated. It is unfortunately very possible that these drugs won't be covered in full due to their high costs.



QUESTION AND ANSWER SESSION

Q16: Can I combine my membership with my mother's (85) since I support her financially?
- Mr Christo McDonald

A16: Your mother may be added to your membership as an adult dependant if she is financially dependent on you. However moving her to your membership would make her eligible for underwriting, which could lead to some waiting periods being applied to her membership. You can contact the customer service centre to confirm the process.

Q17: Did the Board consider a reduction in fees for trustees? If not why not, considering the times we are living in? - Mr Ernest P Barnard

A17: They did, and have not taken an increase in fees for the new year.

Q18: Can we get a copy of Jeremy's presentation? Or is it online already? Mrs Beulah D Hyman

A18: It's available on the AGM Zone of the Fedhealth website, www.fedhealth.co.za

Q19: I feel I'm wasting money by paying a huge amount every month, when I cannot use my medical aid because I owe money for MediVault repayments. This makes me want to shift to another medical aid. There is very little money in the Savings account.
- Mrs Moleboheng H Marametsi

A19: The MediVault has been created so that you can choose an amount for your day-to-day funds that suits your pocket. At other schemes the Savings is given to you in advance, however you still need to pay back that money to the scheme whether you want to or not. Once your day-to-day funds are depleted, your cover is still filled with very rich hospital benefits in the event you or a loved one covered on your plan requires hospitalisation.

Q20: Do you think that with COVID-19 reducing visits to doctors this year the medical aid industry will get a better idea of the true medical cost in society? - Mr Ernest P Barnard

A20: It's rather difficult to answer this one. Many hospitals and specialists have not allowed for planned procedures during these times, while we might have seen an increase in ICU admissions. However we will only see the true costs once we have patients being admitted for COVID-19 related diagnoses and planned procedures.

Q21: Good day, for chronic conditions e.g. hypothyroidism, the option allows for a GP visit. The GP recommends seeing a specialist physician to conduct other detailed examinations. Can the Scheme look into adding consults for a specialist physician on the chronic benefit for hypothyroidism? In those instances there will be no need to see a GP. Thanks. - Mrs Neshrene Reddy

A21: GP consultations are required to ensure all healthcare practitioners are aware of the treatment members receive. However, when a member is receiving treatment for a chronic condition and the condition has been registered as chronic with the Scheme, the member will receive a treatment plan related to the condition. The treatment plan includes GP/ Specialist consultations, blood tests and any other treatment associated with the condition which will be covered from the Risk benefit.

Q22: Does Fedhealth pay healthcare professionals a fee for wearing personal protective equipment? This is ultimately for the benefit of your members... COVID-19 has been with us for many months. - Mr Ernst Ackermann

A22: Yes. There are tariff codes used for various forms of infection control that healthcare providers include in their claims submitted to the Scheme. We are guided by the Council for Medical Schemes on which personal protective equipment should be covered by the Scheme.



QUESTION AND ANSWER SESSION

Q23: Any thoughts on how the proposed National Health Insurance scheme might impact medical schemes - is there a forum where this is being discussed with the Department of Health?

- Mr Petrus Laubscher

A23: A white paper has been issued, however there is no clarity on the matter as to what will or will not be allowed to be covered by a medical aid. However, we do know that the way medical aids cover certain healthcare related services will indeed change. There are forums being held by the Department of Health; our administrator and the Scheme is keeping in close contact to ensure we are able to realign our benefit structure when the time comes.

Q24: How is it that Type-2 Diabetes patients cannot get strips and needles on flexiFED 3's chronic benefit? - Mr Yaseen Lombard

A24: The matter has been referred to our chronic department for assistance.

Q25: How do we contact people who can actually make decisions rather than simply frontline staff who are often unable to resolve matters? - Rev Pierre Naude

A25: Should you feel that your enquiry is not being attended to or resolved correctly, the matter may be referred to a team leader or supervisor for assistance. This can only be done once an agent has attempted to assist the member. But, should a member still be unhappy with the manner in which the query was resolved, the matter can be referred to the Principal Officer to intervene.

Q26: I was formerly with Topmed and that scheme merged with Fedhealth. Kindly advise how the take-over has gone. From my perspective all seems to have gone quite well. Any comments?

- Mr Egon Wortmann

A26: Other than some members preferring the old benefit structure, we deem the amalgamation as a success. There have been some members who've chosen to move to other medical schemes, however we've managed to retain most of the group that joined Fedhealth.

Q27: Does Fedhealth have an app we can download to check our profile status?

- Ms Karabo Tshabalala

A27: Fedhealth will be launching a new member app during the month of September, keep an eye on your mailboxes.

Q28: The list of GPs is very limited as some doctors no longer practise. - Mr Victor Boyd

A28: We are dependent on information from the Board of Healthcare Funders, and the providers don't always keep their information updated. For this reason, you will find some providers are no longer practising. We're looking at new solutions to determine if a provider is indeed still practising.

Q29: I've just joined Fedhealth from 1 April. I am concerned about the GP network. The consultant informed me that I have two GPs on the network, but I have a GP I've been using with my previous scheme and he's not on the Fedhealth list. Can't he be accommodated? - Ms Petunia N P Mdlalose

A29: Your GP is welcome to make contact with our provider contact centre to start the process to add your GP to the network. You can also contact our call centre and request them to get somebody to contact your GP directly. The choice remains with your GP whether he/she joins our network.



QUESTION AND ANSWER SESSION

Q30: I would like to compliment you and the Board for managing the Scheme so well. It's comforting to see that the Scheme is financially geared for these unexpected events - like COVID-19.

- Mrs Salome Banks

A30: Thank you for the positive feedback.

Q31: Why don't we have a temporary hold option on our medical aid, in circumstances like job transition or job loss? We could continue membership again as soon as we manage to resume employment. - Mr Srikanth Mathireddy

A31: There are several rules set out by the Council for Medical Schemes that prevent the Scheme from implementing such an alternative. In order to assist members who are experiencing financial difficulty, especially during the COVID-19 pandemic, the Scheme opted to allow members a three-month period to downgrade to a lower option provided members could send proof of being financially impacted.

Q32: If COVID-19 has done something positive, it has enabled a virtual AGM. It has been a good experience to be able to be present at an AGM and to be part of the proceedings. Well done to the PO and Trustees on running the Scheme to the advantage of ALL members. Best wishes from an ex-trustee. - Dr Nathan Finkelstein

A32: Thank you for the feedback. The trustees will be reviewing the future of the AGM process.