COUNCIL FOR MEDICAL SCHEMES

Annual report of the **Registrar of Medical Schemes**

2001

COUNCIL FOR MEDICAL SCHEMES

Our **vision**

A medical schemes industry which is regulated to protect the interests of members and to promote fair and equitable access to private health financing in order to maximise the health of South Africa.

Our **Mission**

The Council will act in an administratively fair and transparent manner with integrity and professionalism and will achieve this vision by:

- Informing the public about their rights and obligations in respect of access to medical schemes;
- Ensuring that all entities conducting the business of medical schemes comply with the Act;
- Ensuring that complaints raised by members and the public are handled appropriately and speedily;
- Contributing to improved management and governance of medical schemes; and
- Advising the Minister of appropriate regulatory interventions that will assist in attaining national health policy objectives.

COUNCIL FOR MEDICAL SCHEMES

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Number: RP 184/2002

ISBN: 0-621-33457-X

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of the Registrar of Medical Schemes

Contents

1 Chairperson's **foreword** 3

2 Registrar's **overview** 5

3 Report of the **Auditor-General** 19

Balance sheet 21

Income statement 21

Cash flow statement 22

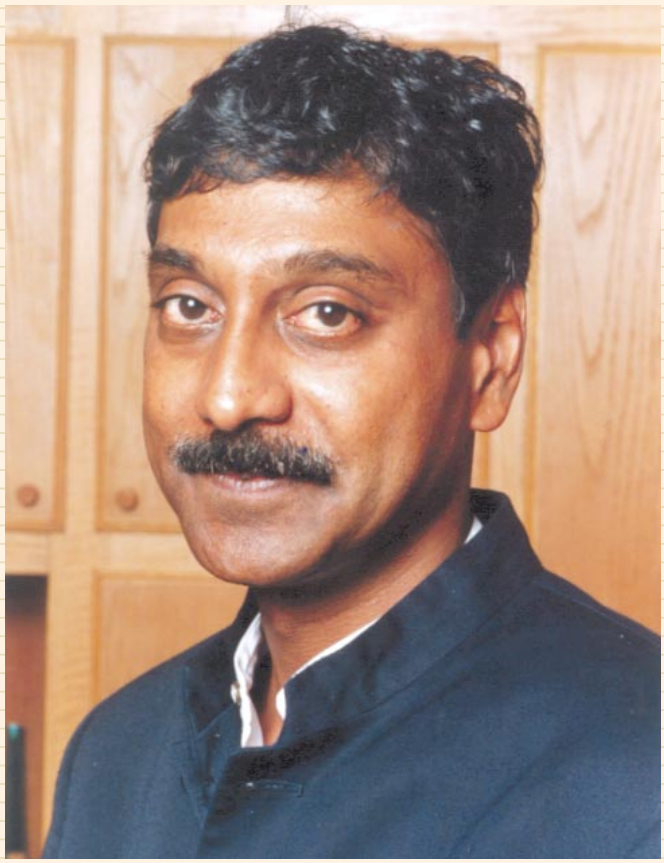
Statement of **Changes in Equity** 22

Notes to the Financial Statements 23

4 **Review** of the operations of medical schemes during 2001 27

5 **Annexures** 41

Chairperson's **foreword**



Professor Nicky Padayachee
Chairperson of the Council for Medical Schemes

The production of this report marks another important year in the history of the medical schemes industry and in the development of the regulatory environment in which we operate. The Registrar and his team have again done exceptionally well to put together a report which will serve as an important basis for all stakeholders' understanding of trends and developments in the industry. I would also like to thank all medical schemes, administrators, auditors and others who co-operated in providing the necessary information to make this possible.

The past year has been characterised by a vigorous debate in the medical schemes industry over a range of issues, including enforcement of statutory solvency requirements, accreditation requirements for administrators, the role of reinsurance and amendments to the Medical Schemes Act. This debate is constructive as it marks a maturing of the environment in terms of the engagement between the Council for Medical Schemes ("the Council") and the industry, which is beginning to pay off for members in terms of rational resolution of heretofore intractable problems which have beset the industry. Much can be learned from this kind of active engagement, and the Council is committed to improving consultative processes continuously and to maintaining the policy of transparency in the industry.

It has been particularly encouraging over the past year to see trustees assuming more effective control over the affairs of their schemes to see them engaging more actively and directly with the Council in dealing with issues pertaining to their schemes, and in the exercise of their fiduciary responsibilities towards their members. This all bodes well for more effective governance in the medical schemes environment, which should result in increasing financial and administrative stability, as well as helping to improve service and access to health care for members of medical schemes.

Debate is constructive, and marks a maturing of the environment in terms of the engagement between the Council for Medical Schemes ... and the industry

With a shared fundamental commitment to improvement of health care, all role players in this industry can guarantee an important place for the private health care industry in the future emergence of a comprehensive social health insurance system for this country. As Council, we are eager to work together with stakeholders to realise this. At the same time, however, it is crucial that we jointly focus our attention on critical areas where there is still significant room for improvement, especially those of cost containment and improvement of quality of health care.

With regard to the staff of the Registrar's Office, we have continued during 2001 to build towards our full complement, which we intend to reach during 2002. We will also ensure as we move into the future, that our staff have access to comprehensive programmes of training and development to improve the levels of skills at the Council.

This year saw some important changes to the composition of the Council,

and I would like to take this opportunity to thank those members who left us, and to welcome on board new members of Council. It was with considerable regret that we said goodbye to Dr Jud Cornell, who was Deputy Chairperson of the Council until December 2001 and who contributed enormously to the work of Council. We wish her very well in her important new role in the United Kingdom. Dr Cornell has been replaced as Deputy Chairperson by Ms Gando Matyumza, who has already acquitted herself exceptionally in the position.

I would also like to extend my sincere gratitude to the other members who left Council in the course of 2001, namely: Blamo Brooks, Debbie Pearmain, Fatima Hassan and Stranger Kgamphe. I would also like to welcome the five new members, who all bring unique and critical skills and experience to the life of Council, namely: Barry Crookes, Henry Mbha, John Murphy, Nomonde Ngumane and Saadiq Kariem.

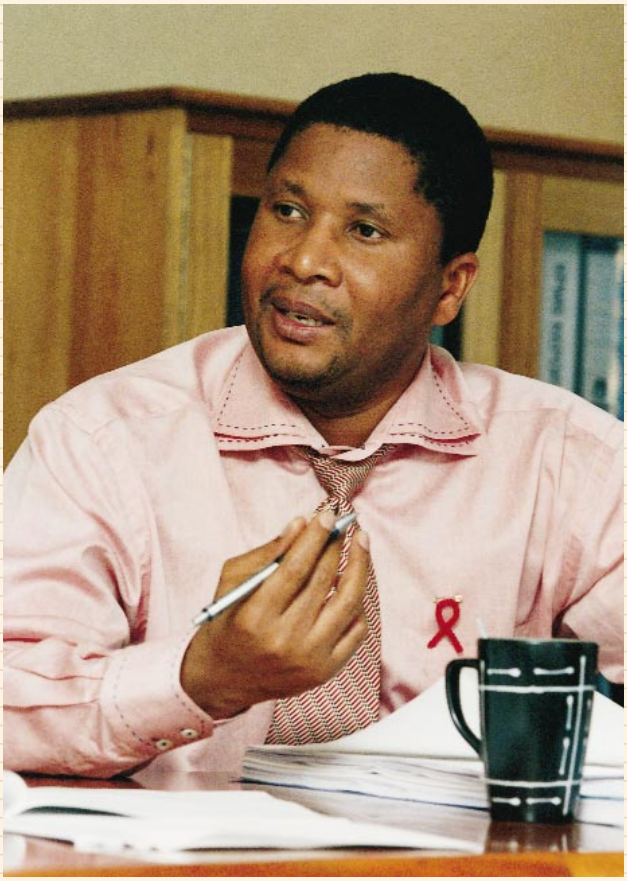
We now look forward to the next few years with confidence ... We are all too aware of the important responsibility we have

After almost two years of very demanding effort in establishing the Council's regulatory activities, we now look forward to the next few years with confidence. We are all too aware of the important responsibility we have towards a sector which touches the lives of many South Africans. We intend to do everything within our power to ensure that the medical schemes environment continues to deliver on its promise of a fair deal to members. We look forward to forging ahead in a spirit of cooperation and partnership with all who share the vision of promoting fair and equitable access to private health financing for South Africans.

Prof. Nicky Padayachee
Chairperson – Council for Medical Schemes

Registrar's **overview**

1. Introduction



T. Patrick Masobe, Registrar of Medical Schemes

Much of the work of the Office of the Registrar during the year focused on consolidating the work of the regulator in terms of its mission and backed by the Medical Schemes Act. After the initial establishment processes of 2000, 2001 saw the Registrar's office get down to the business of providing effective oversight of the medical schemes industry. This has meant a tough schedule of continuing to educate trustees and consumers, and of enforcing the Act where schemes or administrators were acting in breach of the law. This in turn has kept our office particularly busy. Various shortcomings in the law and its interpretation were tackled by drafting an Amendment to the Medical Schemes Act which later became law, and regulations to give effect to these amendments were drafted.

The key functions of the Council, as set out in section 7 of the Medical Schemes Act (Act 131 of 1998) are:

- To protect the interests of beneficiaries (of medical schemes) at all times;
- To coordinate the functioning of medical schemes in a manner consistent with national health policy;
- To measure quality of care provided by schemes and to make recommendations to the Minister in this regard;
- To investigate and, as far as possible, resolve complaints raised by beneficiaries of schemes;
- To collect and disseminate information about private health care; and
- To advise the Minister on any matters concerning medical schemes.

The Council has four main aims:

- Securing an appropriate level of protection for beneficiaries of medical schemes and the public;
- Promoting awareness and understanding of the medical schemes environment by beneficiaries and the public;
- Strengthening the regulatory framework in a complex and dynamic environment; and
- Developing capacity within our staff to ensure effective, proportionate and fair regulation.

2. Securing an appropriate level of protection for beneficiaries of medical schemes and the public

The protection of beneficiaries of schemes and the public underpins much of the work that the Registrar's office does. We achieve this through the following key activities.

2.1 Registration of persons to conduct medical schemes and health intermediary businesses

This is an important part of our efforts to make sure that the public has sufficient confidence that the medical scheme or health intermediary they are deal-

ing with is legally authorised to do the work. We registered the rules of some 186 medical schemes during the year. A major focus in this regard has been to ensure that scheme rules are easy to understand. We paid particular attention to the determination of contributions – which are required by law to be community-rated (contributions cannot be determined on the basis of age, health status or frequency of claims) – and the benefits offered by individual schemes. We have also endeavoured to ensure that people are not unfairly discriminated against with regard to their access to particular types of benefits, such as chronic benefits. The final important aspect of the authorisation process has been to deal with the governance of schemes, and to ensure that members play an increasingly important role in the governance of their schemes.

The 2001 financial accounts show that reinsurance continued to have a devastating effect on reserves of schemes

Seven new medical schemes were registered in 2001, while two ceased to operate through voluntary liquidation. There was also greater activity with regard to amalgamations of schemes, with four schemes either amalgamating or transferring their business to others.

We accredited 1 635 people to function as health care intermediaries during this period. A further 2 401 had their accreditations renewed for a further two years. A key challenge in this regard has been to deal with potentially misleading marketing as well as conditional selling both by intermediaries and by schemes. We spent a lot of time working with schemes and intermediaries to establish their responsibilities in this regard, and have agreed mechanisms that could be used to exercise greater control over marketing. In addition, rules were agreed on disclosure by intermediaries to ensure that the public can make informed decisions on which medical scheme to join.

Another important component of our work of securing enhanced protection for members of schemes has been the setting of standards for administration of medical schemes. We have, after a lengthy consultative process, finalised criteria for the accreditation of medical scheme administrators. We have also developed a model administration and service level contract for trustees to use as a basis for engaging administration services. During 2002 we intend finalising the process of accreditation of administrators to provide trustees with the confidence that the intermediary they contract with is capable of providing the necessary services.

We have also ensured that the lists of all authorised medical schemes and health care intermediaries are published on our websites and that they are updated regularly.

2.2 Monitoring the financial soundness of registered medical schemes

Ensuring financial soundness of medical schemes is a critical element of the Council's work for a number of reasons. First, it is an important part of protecting the interests of beneficiaries of schemes. Second, it is critical in so far as it contributes to the confidence the public has in the financial soundness of the country's major funders of health care.

During 2000 we raised a number of concerns on the manner in which reinsurance was being abused by some schemes to the detriment of beneficiaries. During the course of 2001, we continued to analyse and gauge the real impact reinsurance was having on the financial soundness of the schemes. The cases

The financial supervision team hard at work.

reviewed showed the devastating effect on reserves of schemes that conclude inappropriate contracts with various service providers. It also became clear that the trustees were not always fully informed about the consequences of certain contracts entered into. This work resulted in the issuing of Reinsurance Guidelines at the beginning of 2002, as well as legislative changes introduced by the Amendment Act 2001, to ensure that beneficiaries of medical schemes are protected and that trustees are fully informed when taking decisions on reinsurance.

Much research has gone into the filtering of the elements that affect the solvency of medical schemes. This work resulted in the formation of the Financial Soundness Focus Group, consisting of representatives from the Board of Healthcare Funders (BHF), the Actuarial Society of South Africa (ASSA), the South African Institute of Chartered Accountants (SAICA) and our own office. The focus group is looking into aspects such as the impact of the size of the scheme, the rate of growth, open versus restricted schemes, the investment profile and therefore the associated risks, benefit structures and contribution setting. The working party is not considering changes to the 25% statutory solvency requirement but rather how these elements can be adequately addressed.

During 2000 we began modifying the statutory financial returns that schemes are required to send to the Registrar, to take into account a number of changes brought about by the new Medical Schemes Act. These improvements to the statutory return were continued during 2001, working together with our partners, *Technology Concepts*. These changes are in line with the new Audit and Accounting Guide on Medical Schemes. The return has proved to be a better source of information on the industry's performance. For the first time greater disclosure of financial and demographic detail was achieved and this has allowed a better insight into the medical schemes environment. This information will further enhance the monitoring of the financial soundness and regulatory compliance of medical schemes. The first electronic statutory returns

Financial Soundness Focus Group, consisting of representatives from the Board of Healthcare Funders, the Actuarial Society of South Africa, the South African Institute of Chartered Accountants and our own office.

Alex van der Heever:
Technical advisor on reinsurance

were received during April 2001, and covered the December 2000 financial year. The analysis of these returns was by far the biggest project we embarked on in the first half of 2001. The fact that some returns were received late from schemes and were not necessarily completed correctly served to delay the analysis. It became apparent during the process that there were system problems at the level of administrators. These problems will have to be dealt with as we set up our processes of accrediting administrators.

Many of the findings of the review of the operations of medical schemes during financial year 2001 will be found in the main body of this report. In this section I intend to raise the more salient findings of this review.

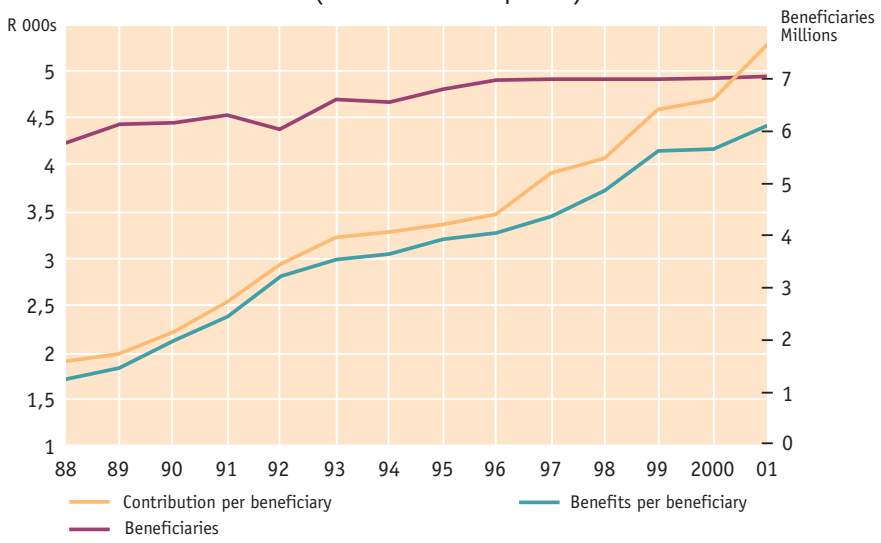
- The number of members of medical schemes has remained stable at 7 020 806 during 2001 (an increase of 0,23% on 2000). It remains a concern that there is substantial member movement between schemes which cannot be explained by normal motivations to change schemes (change of employment, etc).
- Total gross contribution income for all medical schemes was R37bn during 2001 (up 19,6% from R31bn during 2000).
- Medical schemes showed a profit from operations of R278m during 2001 compared to a total loss from operations of R1bn during 2000. This is an impressive turnaround, and it is the first time since 1995 (with the exception of 1997) that medical schemes have shown a profit from operations. This surplus increases to R1,5bn when income from investments is taken into account.
- Solvency margins held steady during 2001. Schemes (excluding the bargaining councils' schemes) increased their minimum accumulated funds to R7,4bn during 2001 (up 21,3% from R6,1bn in 2000). This increase is quite significant and real, given the steady membership numbers, and would have been higher but for the unrestrained non-health expenditure, as we discuss below. The increase in accumulated funds translates into an industry average solvency margin of 20,1% (from 20.2% in 2000). The legislated solvency requirement for all schemes was 13,5% during 2001 (and increases to 25% by the end of 2004). Restricted medical schemes accumulated more in their reserves with an average of 36,1% during 2001 (34,2% in 2000) compared with open schemes at 13,1% (13,3% in 2000).
- The high level of administration and non-health expenditure continues to be a matter of major concern. Administration expenditure in medical schemes (excluding the bargaining councils schemes) increased to R3,5bn during 2001 (up 41,7% from R2,5bn in 2000). Administration expenditure in open schemes went up to R2,8bn during 2001 (an increase of 52,7% on 2000). Restricted schemes, on the other hand showed administration expenditure of R739m, an increase of 11,2% compared with 2000. These increases in administration expenditure (especially in the open schemes) are unprecedented and will place the medical schemes industry under increasing difficulties unless they are checked.
- Managed care expenditure went up to R986m from R885m during 2000. Fees paid to health care brokers reached R290m from R230m during 2000. Again, these brokers' fees have to be evaluated within the context of membership of schemes having increased by only 0,23%. On the reinsurance

Medical schemes showed a profit from operations ... while non-health costs continues to rise uncontrollably

front, schemes again showed net reinsurance losses of R334m during 2001 (up 61,5% from R207m in 2000).

- When viewed as the cost for each beneficiary, total non-health care expenditure increased to R508 from R405 during 2000, a real increase of 25,2%. These increases in non-health expenditure continue to outstrip inflation, which when measured by the consumer price index (CPI) stood at approximately 5,7% during this period. These costs also represent a significant barrier to the building up of solvency margins. It is clear that more proactive measures will have to be taken to curb this rampant expenditure on administration and non-health care if costs of cover are to be brought under control. We will, during 2002, identify administration and non-health costs as an important area of focus for regulatory oversight. The new amendments to the Medical Schemes Act that came into effect during March 2002 and that provide for greater oversight of reinsurance should also prove helpful. Trustees need to be particularly mindful of these trends when they enter into contractual agreements, and should satisfy themselves that members get value for money. This, unfortunately, is not the case at the moment.
- Another important trend, which we first reported on last year, relates to changes in real (inflation adjusted) annual contributions and claims per beneficiary. During 2001 real contributions per beneficiary went up 12,9%, while claims per beneficiary increased by a more modest 5,9%.
- Figure 1 shows this widening gap between the contributions and claims per member, and suggests that the increasing costs of medical schemes are not necessarily financing medical benefits. These trends are not consistent with the view that claims costs have increased substantially as a result of legislated minimum benefits and others measures such as community rating. While costs clearly continue to rise, the major contributory factors have less to do with the policy framework of community rating and prescribed benefits, and more with the sub-optimal manner in which the schemes are being administered, coupled with the escalation in non-health costs.

Figure 1: **Real costs, contributions and benefits per beneficiary** 1987–2000 (2000 constant prices)



Real contributions per beneficiary went up 12,9%, while claims per beneficiary increased by a more modest 5,9%.

The improvement in the information received has resulted in a lot of work going into the monitoring of the financial soundness of medical schemes to ensure that they comply with statutory solvency requirements. This was a particularly difficult time for our office as the solvency requirements were challenged at every turn. It is quite gratifying to find that some of the schemes that have been under close monitoring because they had failed to meet the required solvency level by December 2000 fared much better during 2001.

We have also deemed it necessary to review the approval of auditors in

A Management Committee meeting in progress

terms of the Act. This was necessitated by concerns about the standards of the audits in this industry. Anomalies identified in financial statements and statutory returns were a serious cause for concern. In this regard we are working closely with both SAICA and the Public Accountants and Auditors Board to ensure the integrity of financial statements and statutory returns received by our office.

We have also spent some time reviewing our capacity to deliver on this important objective of the Council. During 2001 our Financial Supervision unit was staffed by six competent and professional people, with three qualified chartered accountants, two financial analysts and a personal Assistant. With the need for more research on financial issues that affect the financial soundness of medical schemes, towards the end of the year one Financial Analyst moved from the unit to join the Research and Monitoring Unit where he is currently focusing on research into a wide range of financial matters affecting medical schemes. We have decided to strengthen our capacity in this unit during 2002, and expect to recruit 3 more qualified chartered accountants and two financial analysts.

The widening gap between real contributions and claims, suggests that increasing premiums are not necessarily financing benefits

2.3 Ensuring speedy and effective resolution of complaints and disputes

The Council puts a high premium on ensuring that beneficiaries of medical schemes can have their complaints dealt with fairly. Much of our work in this regard is undertaken by the complaints unit and often works as part of an early warning system for problems in specific areas. Most complaints are resolved largely in mediation, but we occasionally use the dispute and appeal mechanisms laid down in the Medical Schemes Act.

Complaints received have highlighted a number of issues, among other

things that good communication is an important factor in the prevention of complaints and in their resolution. Failures of communication continue to feature strongly in complaints made about medical schemes. Most of the complaints that were not resolved by an enquiry were assessed and our office facilitated communication between the parties by way of mediation meetings, which proved to be a fruitful mechanism for the prompt resolution of complaints

Figure 2 illustrates the proportions of the different types of complaints received during 2001. Most complaints received were about unpaid accounts, not only from members but also from service providers. In most instances, the membership was either terminated prior to the date of service by the service provider or suspended, probably due to arrears in contributions.

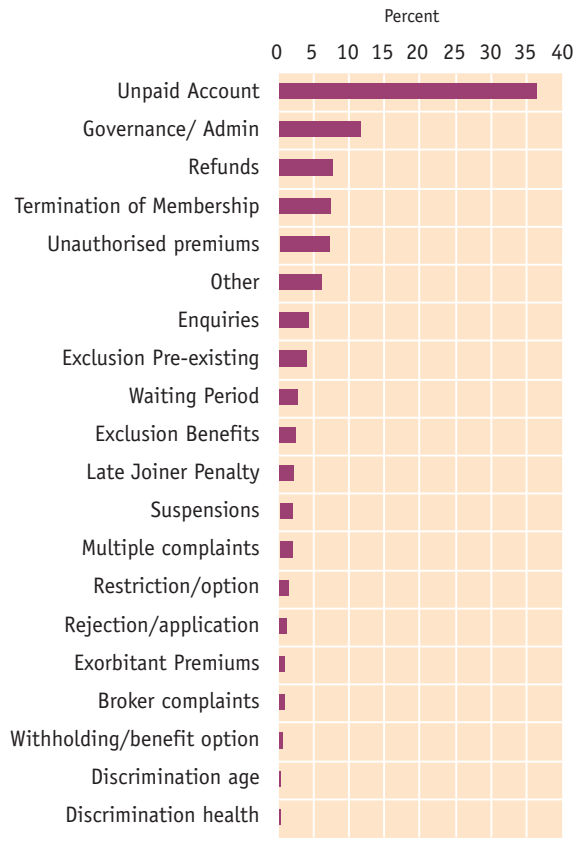
The number of complaints received from beneficiaries regarding termination of membership due to non-disclosure of material fact increased during the month of August 2001, after the Registrar invited members in this position to lodge their complaints with the office to determine whether the termination was justified or not. It was evident that some schemes were misinterpreting the provisions of Regulation 12(1) in defining "pre-existing conditions". Of the complaints received, 65% of the member terminations were found to be unjustified. We therefore conducted mediation meetings with the various schemes to seek reinstatement of membership.

We have also analysed the number of complaints received against each medical scheme and have weighted this number by the size of scheme. The analysis shows that complaints often reflect other activities surrounding the scheme so that the scheme with most complaints for the year – KZN Medical Scheme – was under curatorship in what turned out to be a successful attempt to rectify the financial problems in the scheme. Fedsure, now known as Fedhealth, had emerged from a worrying period of doubt about the future of its previous administrator. The Board of Trustees of Fedsure had decided to change administrators, which has served to illustrate the power of independent trustees mindful of their fiduciary duty.

Our office is very grateful for the level of assistance and cooperation we receive from the majority of medical schemes and principal officers in the resolution of member complaints. I must, however, point out that we receive very little cooperation from medical schemes on the issue of unpaid and late payments of accounts to doctors in particular. This is an intricate problem that is beginning to affect the confidence with which medical practitioners view medical

Linda Gabela, Complaints Manager

Figure 2: **Types of complaints received**



schemes. It is important that we discuss this matter in a less polarised manner and develop solutions that we can all support.

3. Promoting awareness and understanding of the medical schemes environment by beneficiaries and the public

The Council achieves this objective through a number of approaches, including consumer education workshops, fact sheets and brochures on specific issues, making information available through its website and training programmes for Boards of Trustees of medical schemes. Thirty one consumer workshops were conducted during 2001, and some 1 340 delegates attended from trade unions, consumer bodies, non-governmental organisations, consumer advice centers, government consumer affairs departments and media. The workshops covered the following topics:

Thirty one consumer workshops were conducted during 2001 and were attended by delegates from trade unions, consumer advice offices, government consumer affairs departments and the media

- The role of the Council and the Registrar's Office;
- Beneficiaries' rights and obligations under the Medical Schemes Act;
- The nature of benefit options, including prescribed minimum benefits, and contribution determination;
- Instances of fair and unfair discrimination;
- The manner in which waiting periods and other protections against adverse selection are applied; and
- Procedures for lodging complaints and disputes

We have found these consumer workshops very stimulating. Delegates at these workshops have also reported that they have found them useful and informative. Box 1 provides a sample of delegates' response to the workshops.

We have also conducted three road shows to allow the Council to meet members of Boards of Trustees, as well as six trustee training workshops. Some 86 Boards of Trustees attended these very well received training programmes, which focused on:

Overview of the Medical Schemes Act 131(1998);

- The role of the Council and the Registrar's office;
- Schemes governance and role of trustees and principal officers;
- Other legislation, such as the Protection of Funds Act, that affect the role of the Trustees;
- Administration of a medical scheme; and
- Monitoring financial performance of schemes.

Trustee training

In the context of the fairly limited resources at the Registrar's Office, it has been a major challenge to reach a wider audience. We will continue to deepen our relationships with others in the coming year in order to develop new ways of reaching our target audience. Much of our education and outreach work will continue to

Box 1: Some responses to consumer education

"We are now having knowledge as to what to do when we are cheated"

"I feel empowered"

"It was important because now we have knowledge about the medical schemes operations"

complement our focus on increasing compliance, and will extend also to health care brokers and principal officers of schemes.

Our office also publishes a quarterly newsletter called *CMS News*. This newsletter aims to communicate to trustees and members some of the key developments in the office of the Registrar. During this review period, the newsletter has carried articles such as the ongoing work on developing common standards for data collection within the industry. We intend to develop the newsletter further during the year in order to better meet trustees' training and governance needs.

4. Strengthening the regulatory framework in a complex and changing environment

In the course of 2001, the Council for Medical Schemes made recommendations to the Minister of Health in relation to certain technical and policy changes that were required to the Medical Schemes Act, 1998. We developed proposals for Council's consideration, and supported processes of the Department of Health in relation to the development and passage of the Medical Schemes Amendment Act, 2001. We also identified areas in the regulations which required improvement and amendment. This included, inter alia, consultation regarding areas of the prescribed minimum benefits which require change. This work will give rise to recommendations by the Council to the Minister for the publication of certain draft regulatory amendments for comment and consultation in the course of 2002.

We supported processes of the Department of Health in relation to the development and passage of the Medical Schemes Amendment Act,

As part of the research done by our Research and Monitoring unit, six members of the Council and staff undertook a study tour to Belgium, the Netherlands and Ireland to understand the experience of these countries in implementing similar policy measures. A report on this tour is available and, as a follow-up, we will be inviting members of the Belgian Control Office of Sickness Funds to visit South Africa in November 2002 to discuss their experiences as a regulator with government and industry representatives in South Africa.

The work undertaken by Markdata (Pty) Ltd on the Council's behalf in 2000 to complete a stakeholder analysis for Council culminated in the production of a fascinating report in 2001. The report highlighted strengths and weaknesses of Council's first year in operation under the new Act, as well as the public and stakeholder opinions on various policy options available to Council. This report has already led to some far-reaching changes to the way that the Office of the Registrar functions and is structured.

Arising from the 2000 survey on data collection in medical schemes and a series of consultations with health care providers, medical schemes and administrators towards the end of 2000, a committee was established, with experts from the industry, to formulate appropriate guidelines for medical schemes in relation to data collection and billing practices. This committee has been considering the development of guidelines in the following five areas: minimum datasets; diagnostic and procedure coding; electronic switching; pharmaceutical coding; and privacy and confidentiality of member information.

We have also commissioned the University of Cape Town to develop a database which allows year-on-year comparisons of benefit option structures. This

From left: Stephen Harrison, Policy and Research; Craig Burton-Durham, Legal Services; Danie Kolver, Registration and Accreditation; Fikile Mothobi, Financial Supervision; Evan Theys, Compliance

database was handed to the Registrar for ongoing maintenance during the year. Arising from analyses conducted on this database, two reports were developed – namely one on low-cost benefit options and one on chronic benefit changes. The University of Pretoria was commissioned to review existing governance practices among boards of trustees, through structured interviews with a sizeable sample of trustees of open and restricted medical schemes, principal officers and administrators. The survey is contextualized within an international review of governance practices in similar entities. The report will be completed in 2002 and will give rise to a set of best practice guidelines for trustees.

To complement the staffing of our Research unit a medical advisor, Professor Jan van der Merwe, was appointed in April 2001 on a part-time basis. Clinical capacity in the organization has contributed substantially to Council's capacity to resolve complaints effectively, and to the appropriate development of policy proposals from a clinical perspective.

The Resource Centre has been the subject of ongoing development and is fast becoming a useful asset to for both Council, as well as the public and private health sectors.

5. Building core capacity capable of regulating fairly and in the public interest

5.1 Building capacity and skills among staff

The Council puts its people first. We continually seek to ensure that appropriate persons are employed to meet our mandate. The Council is staffed by highly qualified and dedicated people drawn from a wide range of disciplines. There are lawyers, chartered accountants, health care specialists, economists, communication specialists and IT experts. Our staff complement grew to 46 during 2001 and is expected to peak at around 50 in 2002. Approximately 72% of our staff members have post-matric qualifications, and 40% have post-graduate qualifications.

The Council has also implemented an employment equity policy in line with statutory requirements. A majority of our staff during 2001 was women and there is a good spread through senior ranks. We have also succeeded in recruiting people from designated groups for key positions. A key challenge remains retaining these talented people in the face of stiff competition for skilled people nationwide.

We believe that managing people well should be a core competency of all our managers. An important aspect of managing people well is to ensure that our staff has sufficient capacity to engage in the new and developing regulatory responsibilities of the Council. We consider training and skills development key to our ability to carry out our mandate of protecting the interests of the members of medical schemes. During 2001 we invested considerable resources training our staff in our core business and putting in place appropriate incentives to retain them.

Figure 3: **Academic profile of council staff**

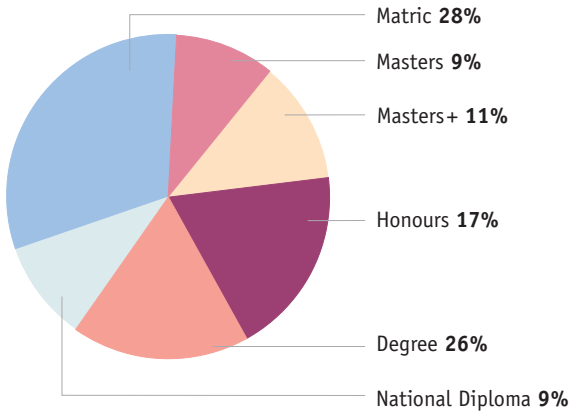
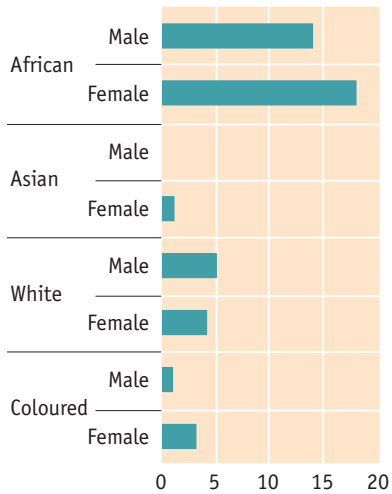


Figure 4: **Staff equity profile**



Staff of the Council attended a variety of courses and conferences aimed at enhancing their existing skills and developing new skills so that the work of the Council might be carried out more effectively. These ranged from secretarial courses to IT courses and health financing conferences. Eight staffers attended skills courses in business writing and in personal assistance, and another eight upgraded telephone skills. Several completed computer and IT training. The computer literacy training course enabled staff to use specific applications in tasks they carry out during their daily work. Others completed courses in technical computer literacy skills which involved becoming competent in creating and managing data bases (for complaints and annual and quarterly financial returns) as well as website maintenance and development. A total of 11 people completed those courses.

Some 19 members of staff attended conferences in South Africa and abroad, enabling those who attended to place the Council and its work in the context of industry and legislative developments locally and internationally. We have

since introduced a professional development policy, and staff members have continued to attend various courses suited to their present occupations.

In order to provide maximum support to our staff, a performance management system has been introduced. Individual units have been assigned core accountabilities and are evaluated against these. Regular performance assessments have been introduced. These encompass the setting of objectives and accountabilities, performance reviews and honest feedback. Those individuals who achieve (or exceed) the expected performance standards were rewarded.

5.2 Financial management and information technology

The operating income and expenditure of the Council during this reporting period is shown in the table 1 below. Seventy seven percent (77%) of our income is derived from levies on medical schemes (R8,06 per member per year during 2001). The grant received from the National Department of Health contributed a further 5,6% of our income. The remainder of our income was accounted for by fees and other income.

Our biggest expenditure item was staff costs, which accounted for some 53% of total expenditure. The major component of administration expenditure was office rental. Other items of administration expenditure include general office expenses such as telephone, cleaning services, courier services, computer maintenance, audit fees etc.

5.3 Management of risk

We focused during the year on the following issues:

- A more clearly defined procurement policy was finalised. The policy sets out strict standards governing financial control, procurement authority and the accuracy and completeness of procurement recording.
- An audit committee was established with specific terms of reference and is accountable to the Council. Regular meetings are held between management, Council members, the audit committee and auditors to review matters such as internal controls and auditing and financial reporting. The Audit Committee meets quarterly. The audit committee has five members, three external and two others representing the Council. The external members of the committee are Messrs Clement Mannya, Stuart Paterson and Obed Tenga while the Council is represented by Ms Gando Matyumza and Dr Reno Morar.
- Gobodo Financial Services was appointed to identify and assess key risk factors and the management thereof, and to set up a three-year rolling internal audit plan. As a second phase, control assurance reviews will be conducted. The first phase has been initiated; interactive meetings were held with the heads of all the cost centres to identify risk areas and factors;
- Finally, our HR and remuneration committee is made up of Prof Nicky Padayachee, Ms. Gando Matyumza and the Registrar.

Our information technology requirements have continued to evolve as we have fine-tuned our work. The IT unit addresses the hardware, application software, operating software and information infrastructure needs of the Council. During the year the unit ensured a secure, user-friendly and efficient information technology environment for the employees of Council as well as for our

Table 1: Income and Expenditure analysis for 2001

	ANALYSIS OF CASH FLOWS FOR THE YEAR ENDING DECEMBER 31 2001	
Income		**26 781 072**
Grant Received	1 516 782	
Levies Received	20 736 986	
Accreditation and Registration Fees	4 132 857	
Other Income	394 447	
Debtor Payments		**927 237**
Cash received from clients		**27 708 309**
Interest Received		**826 343**
TOTAL CASH RECEIVED		**28 534 652**
Operating Expenses		**18 802 027**
Personnel	9 979 500	
Administration	4 325 344	
Council Members' Fees	616 358	
Conferences and Workshops	765 654	
Legal Costs	776 694	
Research Costs	751 541	
Consulting Fees	584 745	
Media and Promotion	702 191	
Other Expenses	300 000	
Depreciation written back		**– 705 402**
Creditors raised		**– 304 786**
Cash paid to suppliers and employees		**17 791 839**
Interest Paid		**163 380**
Capital Expenditure		**1 275 374**
Computer Equipment & Software	871 806	
Office Furniture & Equipment	363 344	
Other Assets	40 224	
Repayment of Long-term Loan		**1 421,679**
TOTAL CASH PAID OUT		**20 652 272**
NET CASH INCREASE		**7 882 380**

external stakeholders. Various technologies were introduced to support the Council in its daily affairs. Most noticeable of these were the design and development of a web based statutory return programme which allowed schemes and administrators to submit their annual returns online. The database development sub-unit was also responsible for developments and refinements to the accreditations and complaints systems.

Reaching out to our external stakeholders holds a high priority to us and therefore we further defined our Website (*www.medicalschemes.com*) to include zones for brokers, schemes, administrators and complaints. These zones allow information to be dynamically obtained from our various databases. A digital call assistant was also installed on our telephone system to guide callers to relevant sections.

Electronic faxing, e-mail and web services were further strengthened to enable staff members to execute their tasks easily and efficiently. A database-

Members of EXCO: Gando Matyumza, Dr Jakes Jekwa, Dr Siva Pillay, Patrick Masobe and Prof Heather McLeod

controlled intranet was also introduced to improve teamwork, based on the Microsoft Share point Technology Platform.

6. Conclusion

we have made considerable strides in establishing ourselves as a legitimate, competent and fair regulator – at times in the face of concerted opposition

The new Council for Medical Schemes has now been in operation for just over eighteen months. During this period, we have made considerable strides in establishing ourselves as a legitimate, competent and fair regulator – at times in the face of concerted opposition. It has not been an easy task. We are, nonetheless, on course. I wish to acknowledge the support we have received from our Council members. Many of them have gone much further than I had expected to ensure that we succeed in our joint task. For this I am grateful. I am also indebted to many members of the boards of trustees, principal officers of schemes and administrators for their considerable understanding and assistance. I also gratefully acknowledge Dr Manto Tshabalala-Msimang, the Minister of Health and Dr Ayanda Ntsaluba, the national Director-General of Health for their support and advice. Finally, my thanks go to our staff members who have worked very hard to ensure that we succeed in our plans. I value their support and committment.

T. Patrick Masobe
Registrar of Medical Schemes

AUDITOR-GENERAL

Report of the Auditor-General

to Parliament on the financial statements of the Council for Medical Schemes for the year ended 31 December 2001

1. AUDIT ASSIGNMENT

The financial statements, as set out on pages 21 to 26, for the year ended 31 December 2001, have been audited in terms of section 188 of the Constitution of South Africa, 1996 (Act No. 108 of 1996), read with sections 3 and 5 of the Auditor-General Act, 1995 (Act No. 12 of 1995) and section 13(4) of the Medical Schemes Act, 1998 (Act No. 131 of 1998) (the Act). These financial statements, the maintenance of effective control measures and compliance with relevant laws and regulations, are the responsibility of the chief executive officer. My responsibility is to express an opinion on these financial statements, based on the audit.

2. NATURE AND SCOPE

The audit was conducted in accordance with Statements of South African Auditing Standards. Those standards require that I plan and perform the audit to obtain reasonable assurance that the financial statements are free of material misstatement.

An audit includes:

- examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements,
- assessing the accounting principles used and significant estimates made by management, and
- evaluating the overall financial statement presentation.

Furthermore, an audit includes an examination, on a test basis, of evidence supporting compliance in all material respects with the relevant laws and regulations that came to my attention and are applicable to financial matters.

I believe that the audit provides a reasonable basis for my opinion.

3. AUDIT OPINION

In my opinion, the financial statements fairly present, in all material respects, the financial position of the Council for Medical Schemes at 31 December 2001 and the results of its operations and cash flows for the year then ended in accordance with generally accepted accounting practice.

4. EMPHASIS OF MATTER

Without qualifying the audit opinion expressed above, attention is drawn to the following matters:

4.1 Report of the accounting authority

Although the Council did submit its financial statements within two months of its year-end for auditing, the report by the accounting authority, as required

by Treasury regulation 28.1.1, was only submitted on 03 July 2002 for the necessary audit review. This was due, among others, to the Council being listed as a public entity during the current year under review and the submission by the medical schemes of their annual financial statements on 30 April 2002.
This resulted in the Council for Medical Schemes not being able to adhere to section 55(1)(d) of the Public Finance Management Act, 1999 (Act No. 1 of 1999) (PFMA), in that its annual report was not submitted to its executive authority within five months of its year-end.

5. APPRECIATION

The assistance rendered by the staff of the Council for Medical Schemes during the audit is sincerely appreciated.

V Ramballi
for Auditor-General

Pretoria 30/08/2002

Balance sheet of Council for Medical Schemes

for the year ended 31 December 2001

	Notes	2001	2000
Assets			
Non-current assets		**3 257 399**	**2 687 425**
Fixed Assets	3	3 257 399	2 687 425
Current Assets		**14 590 840**	**7 945 624**
Debtors and debit balances	6	189 780	1 426 941
Bank balances and cash	4	14 401 060	6 518 683
Total assets and accumulated surplus		**17 848 239**	**10 633 049**
Funds and liabilities			
Administration funds		14 813 095	6 695 807
Accumulated funds		**14 813 095**	**6 695 807**
Long-term liabilities	5	**-**	**1 421 679**
Lease obligation		-	1 421 679
Current Liabilities		**3 035 145**	**2 515 563**
Creditors and credit balances	7	1 624 407	1 782 440
Provisions	10	1 410 738	733 123
Total Funds and Liabilities		**17 848 239**	**10 633 049**

Approved by the Accounting Officer Mr T P Masobe Date: 18/03/02

Income statement of Council for Medical Schemes

for the year ended 31 December 2001

Revenue	8	26 256 352	15 419 331
Operating surplus before financing costs and interest income	9	7 454 326	6 440 419
Interest income		826 342	262 863
Financing Costs		(163 380)	(7 475)
Net Surplus/Deficit for the year		8 117 288	6 695 807

Cash flow statement of Council for Medical Schemes

for the year ended 31 December 2001

	Notes	2001	2000
Cash flow from operating activities			
Cash receipts from customers		25 693 755	5 506 331
Cash receipts from Department of Health		1 516 782	9 200 000
Cash paid to suppliers and employees		(17 294 067)	(6 891 141)
Cash utilised in operations	11	9 916 470	7 815 190
Interest received		826 342	262 863
Interest paid		(163 380)	(7 475)
Net cash flows from operating activities		**10 579 432**	**8 070 578**
Cash flows from investing activities		**(1 275 374)**	**2 973 575**
Purchase of Fixed Assets		(1 275 374)	(2 973 575)
Cash flows from financing activities		**(1 421 679)**	**1 421 679**
Long-term lease			1 459 009
Reduction in long term lease		(1 421 679)	(37 330)
Net increase(decrease) in cash and cash equivalents		**7 882 379**	**6 518 683**
Cash and cash equivalents at the beginning of the year		6 518 683	0
Cash and cash equivalents at the end of the year	13	**14 401 062**	**6 518 683**

Statement of **Changes in Equity**

Balance at 1 January 2001	6 695 807	0
Net surplus for the year	8 117 288	6 695 807
Balance at 31 December 2001	**14 813 095**	**6 695 807**

Notes to the Financial Statements

for the Financial year ending 31 December 2001

1. Legislation

The Council was established under the Medical Schemes Act, 1998 (Act No. 131 of 1998)

2.Accounting Policy

The principal accounting policies adopted in the preparation of these financial statements are as set out below:
The Financial statements are prepared under the historical cost basis and are in accordance with and comply with generally accepted accounting practice.

2.1 Fixed Assets

All fixed assets are recorded at cost less accumulated depreciation. The depreciation is based on the straight line method over their estimated useful lives at the following rates:
Computer equipment and software at 25%
Office furniture and equipment at 10%
Motor vehicle at 20%
Other assets at 10%
Expenditures that increase the original value and useful lives of computer software programs are classified as assets and amortised over their useful lives on a straight line method.
Development costs for specialised databases are also classified as assets and amortised over their useful lives.

Leased Assets

Leased assets are recorded at their cost as assets and amortised using the straight line method over their respective useful lives.

2.2 Debtors and debit balances

Debtors and debit balances are carried at expected realisable value. Where circumstances reveal doubtful recovery of amounts outstanding, bad debt is provided and written off during the year it is identified.

2.3 Provisions

Provisions are raised where there is a legal or constructive obligation and an estimate of the obligation can be made.

2.4 Recognition of income and expenditure

Income and expenditure are recognised on the accrual basis

2.5 Cash and cash equivalents

For the purpose of cashflow statement, cash and cash equivalents comprise cash on hand, cheque, fixed deposit and call accounts at the bank.

2.6 Long-term lease

Council had a 3 year term financial lease with Bankfin acquired to finance its IT infrastructure. In terms of the the lease agreement, ownership of the goods vests with the rentor and will only pass to the hirer on payment of the last instalment. The capitalised amount of the lease is reduced by the capital portion of the repayments whilst the interest portion of the instalment is expensed as finance costs. The lease was settled in August 2001

2.7 Government Assistance

Government assistance in the form of start-up capital for operations is treated as income as and when received. The grant received is included under revenue (see note 8) An amount of R888 091 is owed to the Department of Health and is to be offset against the grant of 2002

3. Fixed Assets

TYPE	COST 1/1/01	ADDITIONS	DISPOSALS	COST 31/12/2001	ACCUMULATED DEPRECIATION	BOOK VALUE 31/12/2001
Computer equipment & software	2 111 970	871 806	-	2 983 776	822 509	2 161 267
Office furniture and equipment	759 190	363 344	-	1 122 534	134 580	987 954
Motor vehicle	71 346		-	71 346	20 215	51 131
Other Assets	31 069	40 224	-	71 293	14 246	57 047
Total	**2 973 575**	**1 275 374**	**-**	**4 248 949**	**991 550**	**3 257 399**

4. Bank Balances and Cash

	2001	2000
Current Acount and cash on hand	1 901 060	1 118 683
Call Account	12 500 000	5 000 000
Fixed Deposit		400 000
	14 401 060	**6 518 683**

5. Long-term Lease

Original Capital Amount	1 421 679	1 459 009
Capital Repayment	(1 421 679)	(37 330)
	0	**1 421 679**

6. Accounts Receivable and other Debtors

Accounts Receivable	427 815	1 082 000
Sundry Debtors	17 716	344 941
Prepaid Expenses	44 249	
Provisions for Doubtful Debts	(300 000)	
	189 780	**1 426 941**

7. Accounts payable

Accounts Payable	1 395 323	1 782 440
Prepaid Levies	229 084	
	1 624 407	**1 782 440**

8. Revenue

Accreditation fees	3 222 882	4 183 980
Bad Debt Recovered	18 795	-
Levies	20 736 986	-
Registration Fees	385 255	825 110
Investigation Recoveries	375 652	180 241
Penalties		1 399 000
Start-up Funds	1 516 782	8 831 000
	26 256 352	**15 419 331**

9. Calculation of Operating Surplus for the

for the period 1 January 2001 to 31 December 2001

	2001	2000
Revenue	**26 256 353**	**15 419 331**
Grant Received	1 516 782	8 831 000
Levies	20 736 986	
Accreditation Fees	3 222 882	4 183 980
Investigation Recoveries	375 652	180 241
Registration fees	385 255	825 110
Penalties	1 399 000	
Bad Debt Recovered	18 795	
Expenditure	**18 802 027**	**8 978 912**
Personnel Expenditure	9 979 500	4 218 009
Administration	2 301 329	1 518 893
Council Members fees - attending meetings	492 253	131 588
Council Members fees - other professional fees	124 105	-
Conference, Workshops & Seminars	452 291	-
Doubtful Debt	300 000	-
Investigation costs	307 943	-
Legal fees	468 751	482 661
Research Costs	751 541	-
Media & Promotion	569 191	218 333
Penalties	1 023 000	-
Training& Development	313 363	35 592
Consulting fees	584 745	1 721 102
Office Rental	1 001 015	652 734
Resource Centre	133 000	-
Operating Surplus for the year	7 454 326	6 440 419
Interest Received	826 342	262 863
Interest Paid	(163 380)	(7 475)
Net Surplus	8 117 288	6 695 807
Accumulated Surplus at beginning	6 695 807	-
Accumulated Surplus at end of period	14 813 095	6 695 807

10. Provisions

	1 410 738	733 123
Leave Days	204 918	52 023
Accreditation fees refunds	1 205 820	681 100
Opening balance	681 100	0
Current year provision	524 720	681100
Closing balance	1 205 820	681100

	2001	2000

11. Reconciliation between net surplus and cash applied to activities

Operating surplus	8 117 288	6 695 807
Adjusted for:		
Depreciation	705 402	286 149
Interest received	(826 343)	(262 863)
Interest paid	163 380	7 475
Operating surplus before working capital	8 159 727	6 726 568
Decrease(Increase) in accounts receivable	1 237 161	(1 426 941)
(Decrease)/Increase in accounts payable	(158 033)	1 782 440
Increase in provisions	677 615	733 123
	9 916 470	**7 815 190**

12. Cash and cash equivalents

Current account and cash on hand	1 901 060	1 118 683
Call account	12 500 000	5 000 000
Fixed Deposit	-	400 000
	14 401 060	**6 518 683**

13. Going concern

The financial position of the Council is such that the Council will continue its operations for as long as its mandate remains.

14. Taxation

No provision for taxation is made since Council is exempt from income tax.

15. Correction of error

During the current financial year, the Council discovered that broker accreditation fees was incorrectly levied R1 140 per application instead of R1 000 per application. This resulted in revenue from accreditation fees being overstated by approximately R681 100 in the financial year ended 31 December 2000 and approximately R524 720 in the financial year ended 31 December 2001. The error was corrected in the current financial year with the effect that revenue from accreditation fees was reduced by the said amounts in the respective financial years and a provision was raised for these amounts that are refundable to the brokers. (refer note 10).

Review of the operations of medical schemes during 2001

Changes in members and beneficiaries

The number of beneficiaries covered by medical schemes increased marginally to 7 020 806 in 2001, an increase of 0, 23% over the 7 004 636 of 2000. The number of principal members stood at 2 736 515, while the number of dependants was 4 268 121. The percentage of the population covered by medical schemes remained steady at approximately 16% of the total population (n=44 561 000).

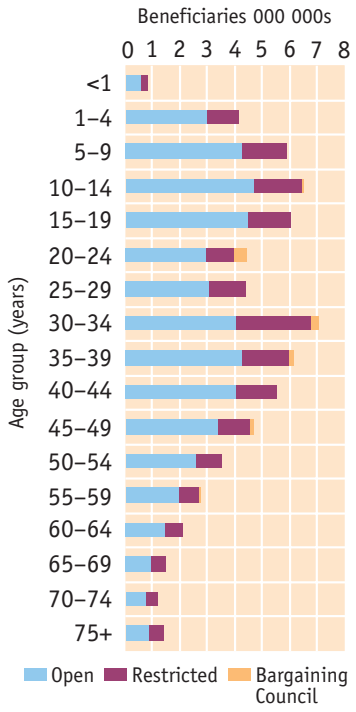
Membership of medical schemes has shifted considerably towards open schemes in the past few years. During 2001, there were 1 823 896 principal members and 4 768 076 beneficiaries in open schemes. Restricted schemes, on the other hand, had a total number of 800 866 principal members and 1 989 007 beneficiaries. A further 263 723 beneficiaries were covered by the so-called bargaining councils schemes. Table 2 shows the distribution of beneficiaries in medical schemes during 2000 and 2001. The decline in the membership of restricted schemes reflects the migration towards the open schemes environment. This is despite the fairly secure nature of the restricted schemes environment.

We expect this number to be an underestimate as not all bargaining council schemes submitted returns in 2001

There are several reasons for this trend. These include the shift from the policy of defined benefits to defined contributions by some employers, which allows employees to be covered in the open schemes market, and the continuing trend of the reclassification of the status of the schemes from a restricted scheme status to an open scheme. Other contributory factors are the consolidations in the market occasioned by the smaller risk pools of restricted schemes. More than two thirds of restricted schemes have risk pools of less than 6 000 members.

We are unable to attach much significance to the number of beneficiaries within the bargaining council schemes, given the low level of reporting. However, there has also been a number of reclassification of bargaining council schemes to registered scheme in line with the policy of the Medical Schemes Act of bringing all medical schemes under one legislative environment. Efforts for a smooth transition to full compliance with the Medical Schemes Act will continue through interaction with all those involved.

Figure 5: **Age distribution within medical schemes during 2001**



Age analysis of beneficiaries during 2001

Figure 5 shows the age distribution of members of schemes. The data represents 98,5% of scheme membership, and exclude data coded by schemes as of unknown age. There has been an increase in the number of dependants in the age categories 10-14 and 20-24, despite the overall decline in the dependant ratio. The most significant shift in membership has occurred in the age category of 25-54, while the age category of 0-14 is below a normal expected demographic profile. This may be explained by falling fertility rates and/or delays in registration of dependants under age.

Table 2: **Distribution of beneficiaries in medical schemes**

TYPE OF MEDICAL SCHEME	2001	2000	% CHANGE
Registered schemes	6 757 083	6 729 551	0,41
- Open schemes	4 768 076	4 676099	1,97
- Restricted schemes	1 989 007	2 053 452	-3,14
Bargaining Council	263 723	275 085	-4,13
Total	**7 020806**	**7 004 636***	**0,23**

** Total membership for 2000 restated due to late or non-submission of statutory returns.*

Pensioner ratio

Table 3 depicts the ratio of pensioners to active members within medical schemes. For the purposes of this report a pensioner is defined as a beneficiary who is 65 years or older. Overall, the pensioner ratio in registered medical schemes has declined by 4% relative to the previous year. A similar trend was noted in the restricted schemes environment where the pensioner ratio declined by 11%. In open schemes however, the pensioner ratio remained constant.

Table 3: **Pensioner ratio (>65 years) of registered medical schemes**

SCHEMES	2001	2000	% CHANGE
Registered	6,00	6,25	-4,00
Open	5,00	5,00	0,00
Restricted	8,00	9,00	-11,11

**Bargaining Council schemes were excluded from the analysis due to failure to submit statutory returns*

Dependants ratio

The ratio of dependants to principal members is shown in Table 4. Overall there has been a decline of (1,3%) in the number of dependants relative to members in registered medical schemes. The decline was higher in open schemes when compared with restricted schemes.

Table 4: **Dependant ratios in medical schemes**

TYPE OF MEDICAL SCHEME	2001	2000	% CHANGE
Registered schemes	1,57	1,59	-1,26
- Open schemes	1,61	1,64	-1,83
- Restricted schemes	1,48	1,48	0,00

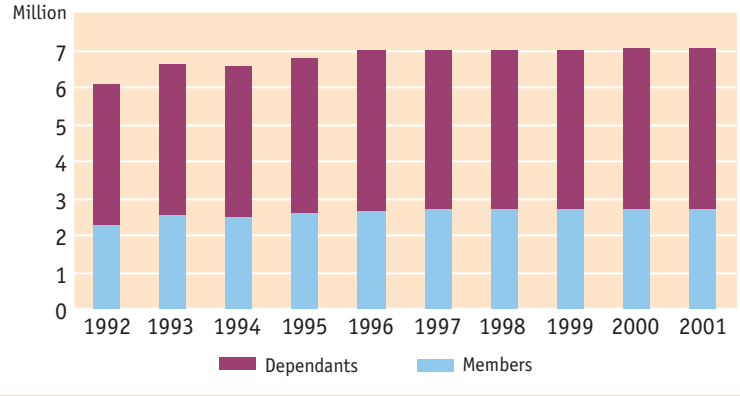
Membership trends during the last decade

Figure 6 shows the trends in beneficiaries over the last ten years. The number of beneficiaries increased steadily over the years and reached approximately 7 million in 1996. Since then membership has remained fairly steady. There is evidence to suggest that membership of medical schemes has not reached a peak. According to the October Household Survey of 1999, the rate of coverage of individuals by medical schemes range from 56% in the R2 500 to R4 999 income group to over 72% in the R10 000 and more income group. Currently, medical schemes cover only 16% of the population. Estimates are that there are an additional 7 million individuals who are employed and are potential medical scheme members by virtue of their income. If all of them were to join medical schemes, the percentage of the population covered could increase considerably.

There are efforts underway in various quarters to increase coverage of medical schemes by targeting people who are employed but are not covered by medical schemes. Many of these efforts centre on the development of low-cost medical schemes and low-cost benefit options within existing medical schemes.

A 2001 survey by the University of Cape Town, Centre for Actuarial Research, identified an increasing number of medical schemes offering a range of low-cost packages ranging

Figure 6: **Trend analysis of coverage of beneficiaries**



in price from R380 to R904. The benefits covered included primary care provided predominantly through primary care networks, and hospital benefits that were covered predominantly in private hospitals with a few schemes covering them in public hospitals. Hospital benefits came with monetary limits or were restricted to preferred providers. While most low-cost options provided chronic medicines, these were done mainly through primary care facilities.

The Need for low-cost Options and an Analysis of Benefit Designs Used in 2001, by Shivani Ranchod, Heather McLeod and Samora Adams, Care monograph 6, University of Cape Town

The survey recommended that in order to further develop low-cost options and attract more low income people onto schemes, consideration should be given to a move away from a fee for service method of payment to risk sharing arrangements. In addition, consideration should be given to hospitalization in public hospitals offering differential amenities. More use of specialist services in public hospitals should also be considered, while primary care offered in the private sector should be through capitated networks.

Number and size of medical schemes

Table 5 shows the number of medical schemes during 2001 according to membership. Open schemes made up 37%, while restricted schemes represented 63% of all medical schemes. More than two thirds (67%) of the restricted schemes are small while 53% of open schemes are large.

Table 5: **Number of medical schemes by size**

SIZE OF SCHEME	TYPE OF SCHEME			TOTAL
	OPEN	RESTRICTED	BARGAINING COUNCIL	
Small (<6 000 members)	17	65	5	87
Medium (>6 000 members but <30 000 beneficiaries)	6	18	1	25
Large (30 000 or more beneficiaries)	26	14	2	42
Total	49	97	8	154

Financial performance of medical schemes during 2001

This section reviews the financial results of medical schemes during 2001. The analysis shows improvements in financial performances of medical schemes relative to the past few years. There was strong performance in key industry markers such as profits from operations, profits after investment income and the net asset position of medical schemes.

Total contribution income and benefits

Total gross contribution income increased to R37bn during 2001, an increase of 19,6% on 2000. Risk contributions (defined as those contributions other than for personal medical savings accounts) rose 19,7% to R33,4bn. Savings accounts contributions increased by 18,8% to R36bn.

Total benefits paid by medical schemes rose 13,7% to R30,8bn during 2001. Figure 7 shows total benefits paid during the last decade by category. Expenditure on hospitals continues to outpace expenditure on all other items, followed by medicines and medical specialists. The next important items of expenditure were on general practitioner services and other allied health professionals.

Figure 7: **Total benefits paid (2001 prices)**

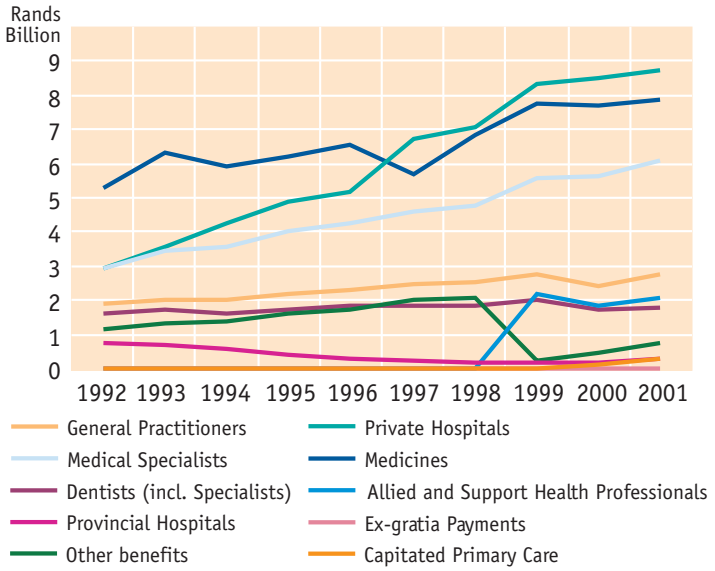


Figure 7a: **Real cost per beneficiary (constant 2001 prices)**

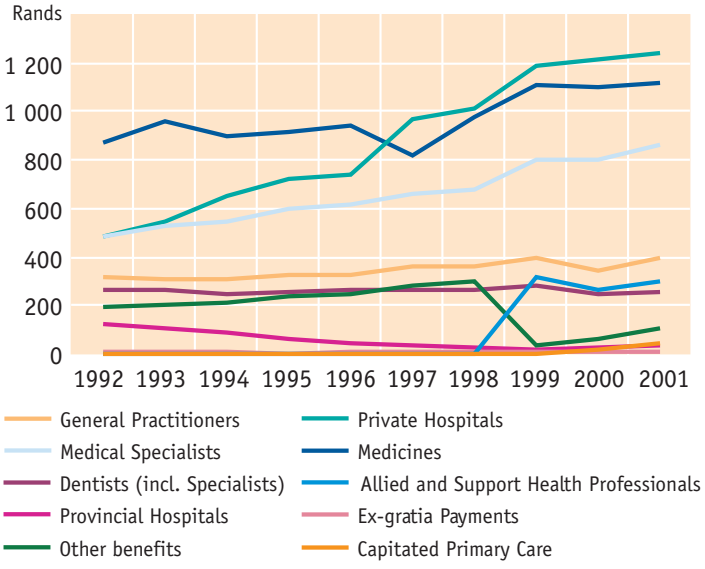


Figure 8: **Risk pool benefits paid - 2001**

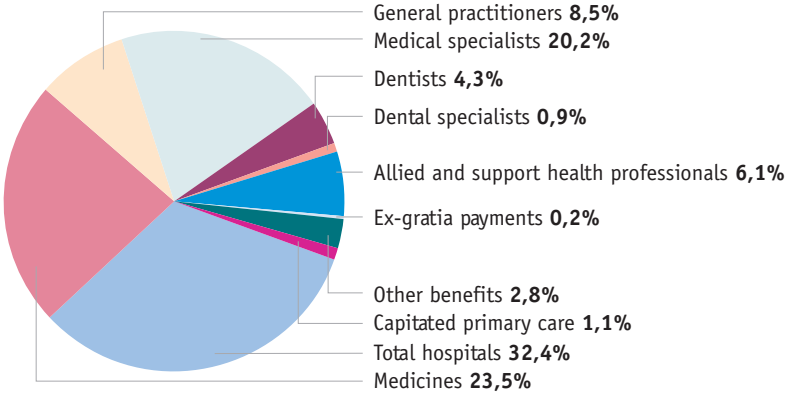


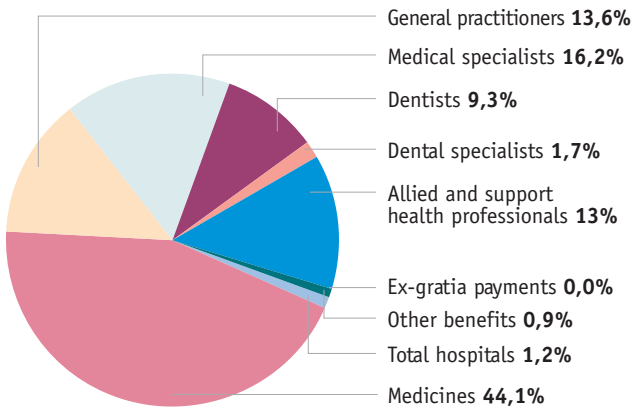
Figure 7a shows the expenditure trends per beneficiary. Spending on private hospitals during 2001 was R1 242 per beneficiary, and has increased by 2% from 2000. Expenditure on medical specialists was R864 per beneficiary, an increase of 7,9% from 2000. Medicines increased 1,7% to R1 123 per beneficiary during 2001. General practitioner spending was R394 per beneficiary, a 13,9% increase from 2000.

Key trends evident in the figure above show that the rate of increase in the costs related to claims (especially hospital and medical specialists) has flattened since the Medical Schemes Act was implemented from 2000. There is also a marked divergence in the trend of spending on hospitals, medicines and specialists compared to other medical service providers. These strongly suggest systemic problems with the market for these services probably due to high levels of market concentration and limited competition. General practitioner services appear to be shifting out into the out-of-pocket market. Overall expenditure for these services is therefore not fully tracked in the medical scheme data.

Figure 8 shows benefits paid by medical schemes out of the risk pool portion of income. Risk benefits increased 11,4% to R27,8bn in 2001. Expenditure on hospital services (32,4%) and medicines (23,5%) accounted for more than half of the overall risk pool budget. This was, however, slightly less that the amounts spent in the previous year. Medical specialists accounted for a further 20,2% of risk pool expenditure, while general practitioners took up 8,5%. The remaining expenditure is accounted for by allied and complementary health professionals.

Figure 9 depicts the composition of expenditure paid out of medical savings accounts. Approximately 44,2% of expenditure from medical savings account went to medicines, which rose from 39,8% in 2000. This was followed by medical specialists (16,1%), general practitioners (13,6%) and allied and support health professionals (13,0%). A small proportion of the expenditure from medical savings accounts was utilised for hospital services (1,2%).

Figure 9: **Benefits paid: medical savings accounts**



Operating results during 2001 and trends

Medical schemes showed a total profit from operations of R278m during 2001 compared to a total loss from operations of R1bn during 2000. Figure 10 shows that medical schemes have made significant operating losses from 1995 (with the exception of 1997), and that the industry has been largely sustained by income from investments. The operating profits achieved in 2001 represent an impressive turnaround. This surplus increases to R1,5bn when income from investments is taken into account.

The composition of investments, both long and short term, held by medical schemes, is shown in figure 11.53% of investments were held through cash and cash equivalents, and 18% in bonds.

An analysis of industry operating results and net results over a ten-year period indicates how crucial investment income has been in ensuring that medical schemes remain financially viable.

Figure 10: **Operating results**

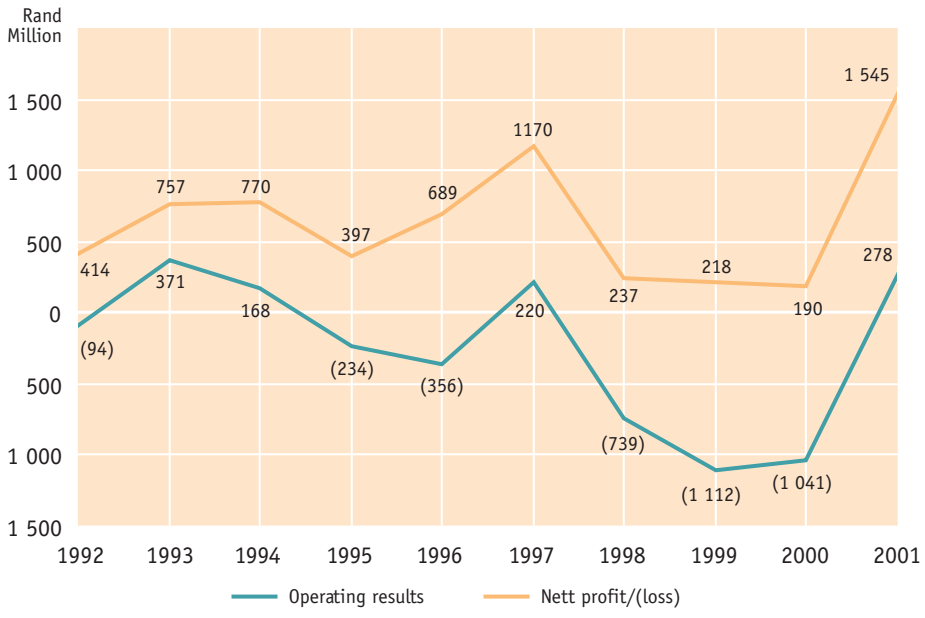
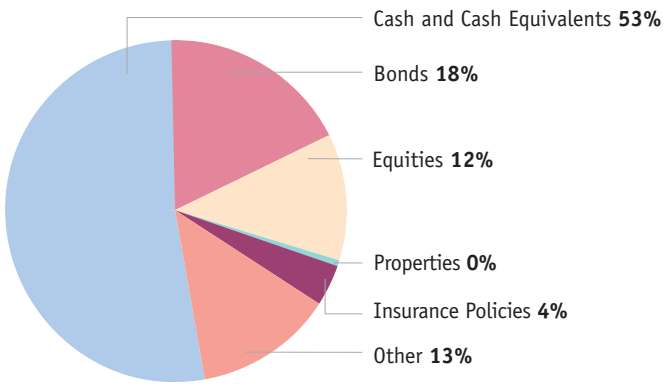


Figure 11: **Composition of scheme investments**



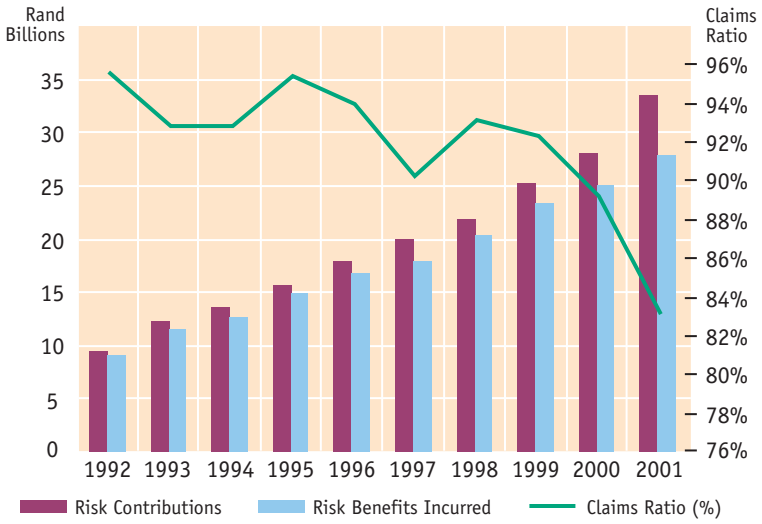
Medical schemes costs during 2001 and trends

Medical scheme premiums again rose sharply during 2001. Much debate has occured in recent years concerning the cause of the premium increases. This section provides an analysis of these costs trends, based on the statutory returns.

Cost of benefit claims

Figure 12 shows the relationship between risk contributions and benefits incurred over the last decade. This relationship effectively translates into a claims ratio. Figure 12 shows the growing divergence between contributions and benefits incurred, and shows substantial increases in the claims ratio until 1999 when it began to decline. The claims ratio decreased to 83,1% in 2001 (89,3% in 2000). This effectively means that medical schemes paid 83,1% of contributions in benefit claims, suggesting that the premium increases in medical schemes are not being driven by medical costs.

Figure 12: **Claims ratios (underwriting results) for risk benefits**



The slight change in demographics reported in Figure 5 (on age distribution) has not been a significant contributor to cost increases. These demographic shifts, when weighted for predicted costs by age category, accounted for real per beneficiary cost change of 5,1%. Real claims costs have increased by approximately this amount during this period, suggesting that the demographic changes have not resulted in unusually high cost increases.

Administration and managed care expenditure

Administration expenditure in medical schemes (excluding the bargaining council schemes) increased to R3,5bn during 2001 an increase of 41,7% from R2,5bn in 2000. Administration expenditure in open schemes went up to R2,8bn during 2001, an increase of 52,68% on 2000. Restricted schemes, on the other hand showed administration expenditure of R739m, an increase of 11,2% compared with 2000. Managed care expenditure went up to R986m from R885m during 2000.

Reinsurance results

Table 6 shows the performance of medical schemes with regard to reinsurance. Overall medical schemes made reinsurance losses of R334m during 2001 (up 61% from R207m in 2000). Open schemes accounted for 99% of these losses.

Table 6: **Reinsurance results, by size of medical scheme**

SMALL MEDICAL SCHEMES (WITH LESS THAN 6 000 MEMBERS)

	Reinsurance Premium paid R	Reinsurance Recoveries R	No of Medical Schemes	Members	Beneficiaries
1996	(121 985 145)	111 144 310	19	50 480	144 426
1997	(117 550 017)	100 198 706	22	62 114	162 337
1998	(13 191 863)	9 254 987	25	70 432	187 958
1999	(45 978 321)	39 498 159	35	91 137	241 739
2000	(76 272256)	77 678 819	41	120 411	307 132
2001	(121 386 687)	105 858 644	40	117 242	294 750
Total	**(496 364 289)**	**443 633 625**			

MEDIUM SCHEMES (< 30 000 BENEFICIARIES & ≥ 6 000 MEMBERS)

	Reinsurance Premium paid R	Reinsurance Recoveries R	No of Medical Schemes	Members	Beneficiaries
1996	(3 280 425)	1 694 309	5	44 857	107 128
1997	(6 422,032)	2 018 406	6	51 221	121 764
1998	(13 543 836)	15 469 206	7	64 549	162 822
1999	(44 556 819)	36 828 409	10	81 721	208 548
2000	(22 481 555)	27 055 721	7	57 429	145 860
2001	(46 941 001)	35 770 249	8	70 708	165 323
Total	**(137 225 668)**	**118 836 300**			

LARGE SCHEMES (≥ 30 000 BENEFICIARIES & ≥ 6 000 MEMBERS)

	Reinsurance Premium paid R	Reinsurance Recoveries R	No of Medical Schemes	Members	Beneficiaries
1996	(944 639 564)	947 082 780	15	589 771	1 717 763
1997	(1 230 141 622)	1 117 594 353	19	802 701	2 145 240
1998	(1 377 798 449)	1 357 075 108	20	802 481	2 192 734
1999	(1 810 862 098)	1 767 046 609	23	1 241 285	3 430 289
2000	(2 612 073 164)	2 371 748 762	23	1 122 608	2 968 288
2001	(2 583 252 898)	2 261 034 496	16	990 145	2 621 523
Total	**(10 558 767 795)**	**9 821 582 108**			

Brokers' fees

Fees paid to health care brokers rose to R290m from R230m during 2000. Given the fairly static number of beneficiaries covered in 2000 and 2001, the increase in broker fees has not added members to the industry but rather moved them from the one scheme to the other. However, since commission is paid as a percentage of gross contributions, this increase may also be attributable to the increase in contributions referred to earlier.

Figure 13: **Total non-health expenditure for registered schemes**

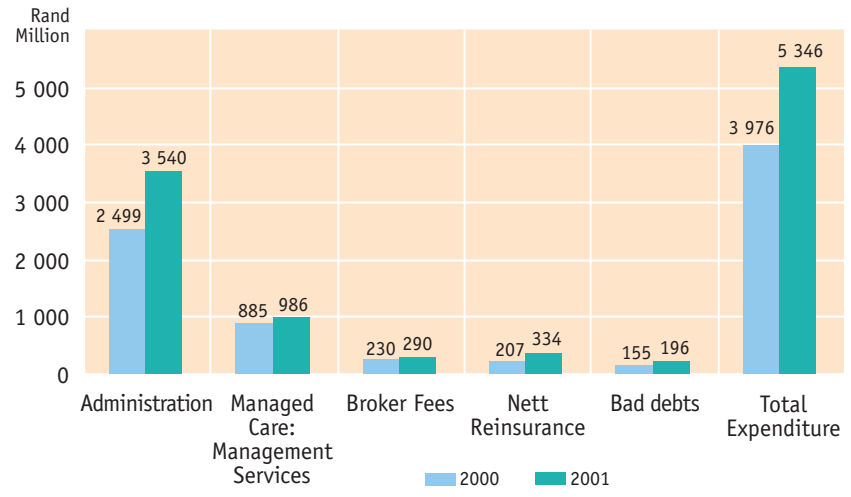
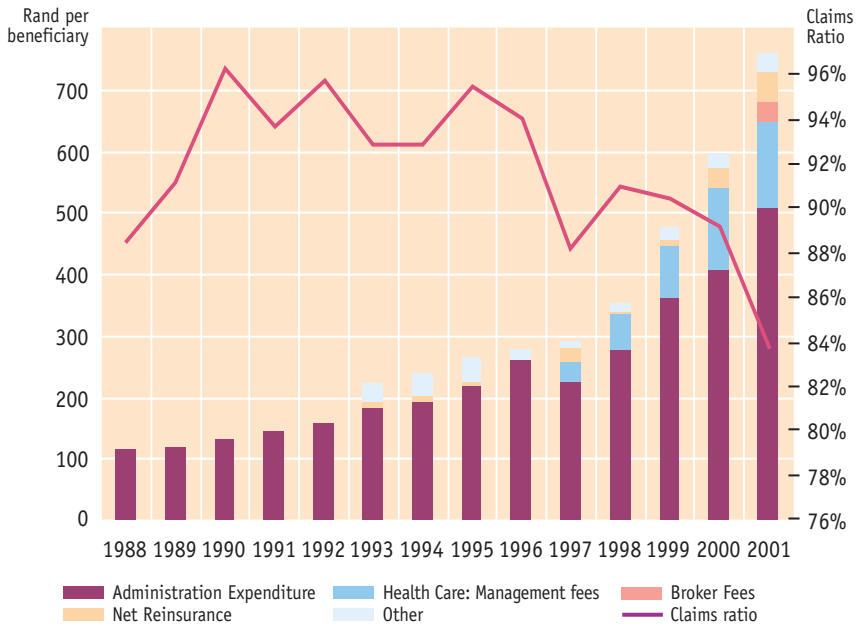


Figure 14: **Real non-health expenditure per beneficiary (2001 constant prices)**



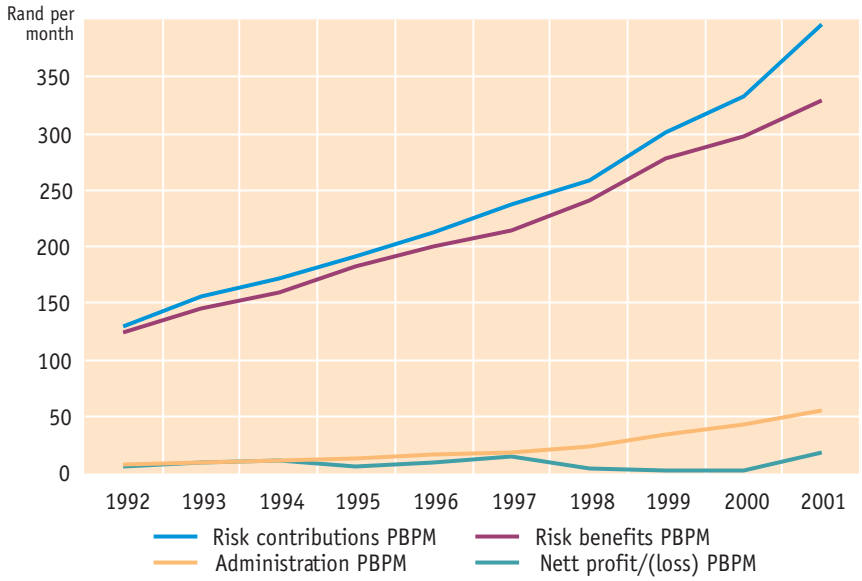
Trends in total non-health expenditure

Figure 13 shows the trends in total expenditure for administration, managed care, reinsurance and brokers' fees for 2000 and 2001. The figure also shows the levels of bad debts during the two years. Figure 13 shows that non-health expenditure has risen dramatically compared with claims costs, and may provide an important explanation for the increased pressure on premiums (and solvency, as will show in later sections).

Figure 14 depicts non-health expenditure per beneficiary in real terms. The figure clearly demonstrates the widening gap between contributions and claims paid, and suggests that higher premiums have gone into financing higher non-health expenditure. Another important implication is that increases in member contributions are not necessarily the answer to building reserves within the context of rising costs of non-health items. Trustees need to be mindful of the trends depicted in figure 14 when entering into an agreement with a third party in respect of intermediary services.

Figure 15 below depicts much of the information on contributions, benefits, administration expenditure and annual profits (loss) discussed previously on a *beneficiary per month* basis. The analysis shows a remarkable trade-off since 1997 between gross administration expenses and annual surpluses per beneficiary per month: Gross administration expenses per beneficiary have grown at the expense of scheme reserves and contributions. This trade-off is not as much in 2001 as it was in 2000. However this could have been fuelled by the rate of increase in the contribution levels per beneficiary, which may well be contributing towards the marginal increase of only 0, 23% in beneficiaries during the same period. This translates into the members paying more for service delivery. The figure also again shows the growing divergence in contributions and claims per member per month.

Figure 15: **Risk contributions, benefits, and non-health expenditure per beneficiary**

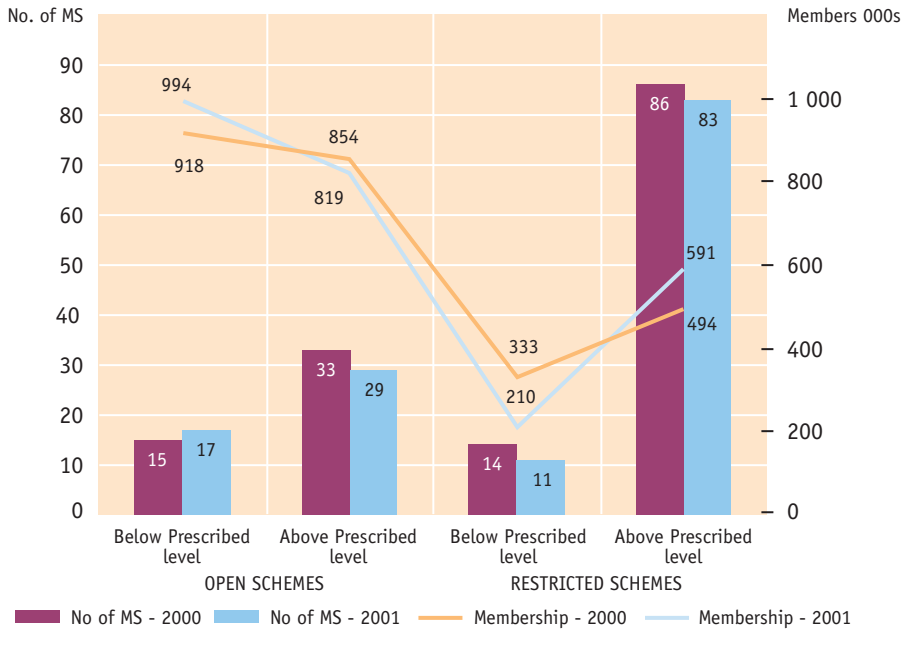


Accumulated funds and solvency positions during 2001 and trends in solvency

Regulation 29 of the Medical Schemes Act prescribes minimum accumulated funds to be maintained by medical schemes. Accumulated funds, meaning the net asset value of the scheme *excluding funds set aside for specific purposes and unrealized non-distributable reserves*, must at all times be maintained, expressed as a percentage of gross annual contributions for the accounting period under review, at a level not less than 25%. This is subject to a phasing-in period from 2000 to 2004. According to these phase-in provisions the required reserve ratio was 13,50% for 2001 and 10% for 2000. The "minimum accumulated funds" is more commonly referred to as a scheme's "reserves". The minimum accumulated funds, when expressed as a percentage of gross contribution, is known as the solvency level. The net asset position of schemes is defined as the total assets less the total liabilities. Solvency levels provide an indication of the financial soundness and sustainability of a medical scheme and, in effect, represent a buffer against unforeseen and adverse fluctuations.

Net assets rose 27,5% from R6,5bn to R8,3bn between 2000 and 2001. Minimum accumulated funds grew by 21,3% from R6,1bn in 2000 to R7,4bn in 2001. Again, this represents a significant real improvement in accumulated funds as it was achieved off a membership base that, effectively, has not grown.

Figure 16: **Prescribed solvency levels and number of members**



When calculated in terms of the requirements of Regulation 29, overall industry average solvency was 20,1% – almost unchanged from 2000 (20,2%). Restricted schemes achieved a reserve ratio of 36, 1%, up from 34,2% in 2000. Open schemes' reserves ratio was 13,1% in 2001 compared with 13,3% in 2000. Reserves levels of the various schemes are detailed in Annexures K and L.

Figure 16 shows the number of members in those schemes that have attained the prescribed solvency levels and those that have not reached the solvency ratios. The analysis is further categorized into open and restricted schemes. The relevant solvency levels used in figure 16 are 10% and 13,5% for 2000 and 2001 respectively.

The figure illustrates that for open schemes, many more members were in the 17 schemes that failed to meet the prescribed solvency level in 2001, compared with the number of members in the 29 open schemes that met the solvency level (this is largely the result of two to three 'big' schemes which have not yet attained the solvency level). Restricted schemes, on the other hand, had the majority of their members within those schemes that met the required solvency levels.

Figure 17: **Industry solvency levels and number of members**

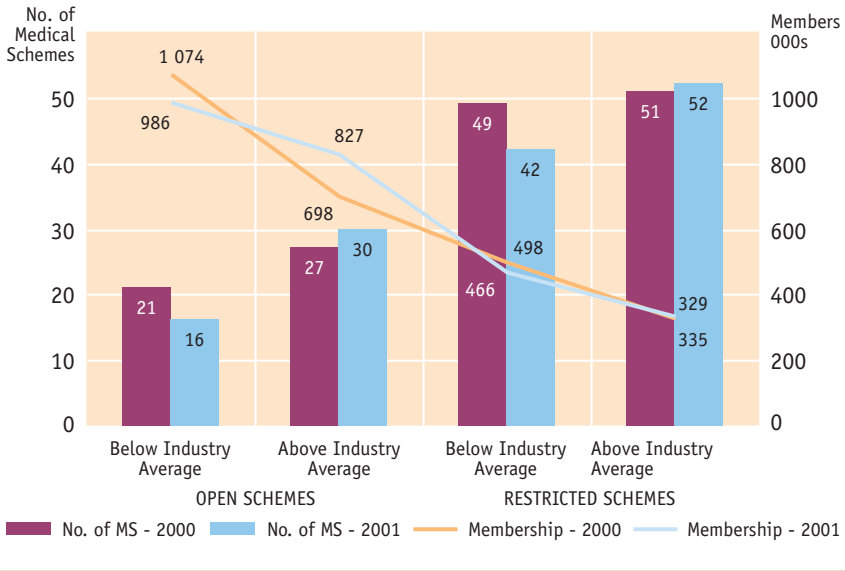


Figure 17 offers similar information to Figure 16, but with reference to the industry average solvency levels of 13,1% (2000: 13,3%) for open schemes and 36,1% (2000: 34,2%) for restricted schemes.

On an industry basis, restricted scheme members have a higher average reserve position than members of open schemes. The improvement in the restricted scheme member reserve position from 2000 to 2001 reflects in part the lower claims experience and non-health expenditure in these schemes. The improvement may also be attributed to the movement of members from the restricted schemes to the open schemes.

Factors that have impacted on solvency of medical schemes during 2001

Figures 18 and 19 review the solvency positions of open and restricted schemes respectively for 2000 and 2001. The figures depict the relationships between gross administration expenditure, claims ratio and the solvency position of the schemes. For each year, the schemes are further categorized into those "under close monitoring" by the Registrar and "normal" schemes. Both figures show a noticeable inverse relationship between administration ependiture (high) and solvency (low) for schemes "under close monitoring" compared with "normal" schemes, where administration ependiture are low and solvency is high.

Administration expenditure for those open schemes under close monitoring increased as a percentage of gross contribution income from 14,9% to 15,8%, an increase of 6%, this in spite of their solvency problems. Conversely, the administration ependiture for those restricted schemes under close monitoring decreased as a percentage of gross contribution income to 8,6% from 10,7%, a decrease of 19,7%, reflecting an attempt to constrain non-health ependiture and to build solvency. The solvency ratio of these restricted schemes also improved significantly

It must be noted that the claims ratio of schemes is not increasing, which would normally suggest greater capacity by schemes to improve their solvency levels. The fact that such solvency build up is not taking place is worrying, and suggests that a greater proportion of member contributions is going towards non-health expenditure.

Figures 18 and 19 also show that both open and restricted schemes under close monitoring have managed to improve their solvency position, and show the importance of taking concerted and focused action jointly with the trustees of these schemes. Restricted schemes have, in addition, seen a decrease in their administration expenditure.

Figure 18: **Solvency, ratio claims and administration expenditure in open schemes**

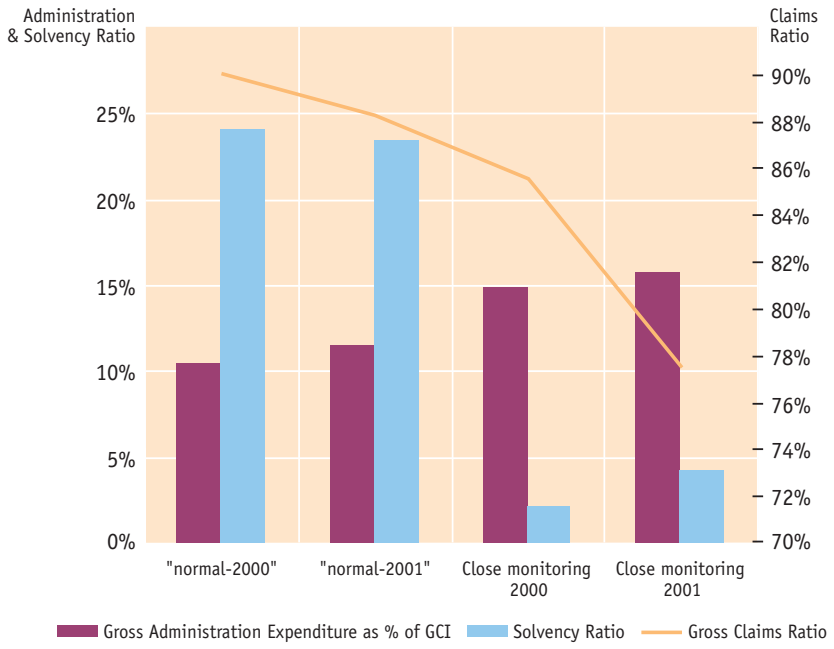


Figure 19: **Solvency, claims ratio and administration expenditure in restricted schemes**

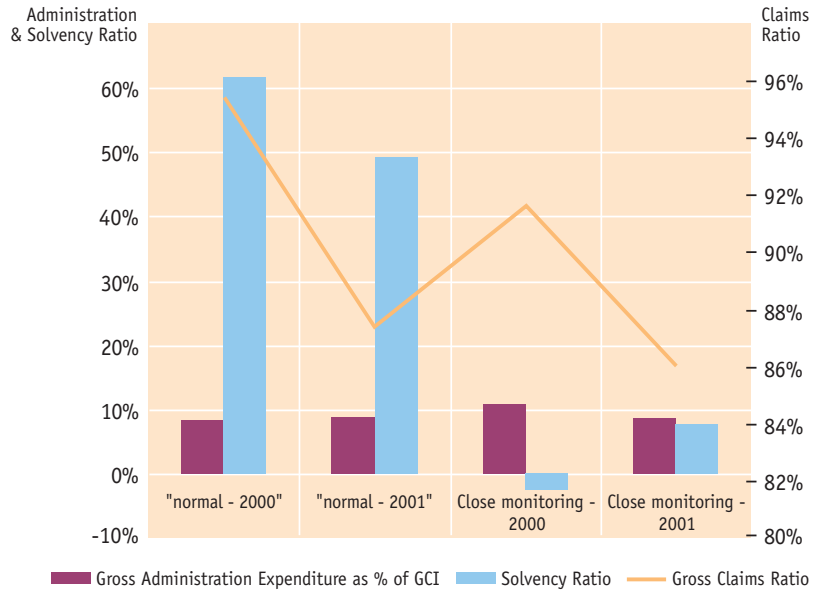


Figure 20: **Income distribution in open schemes with solvency < 13,5%**

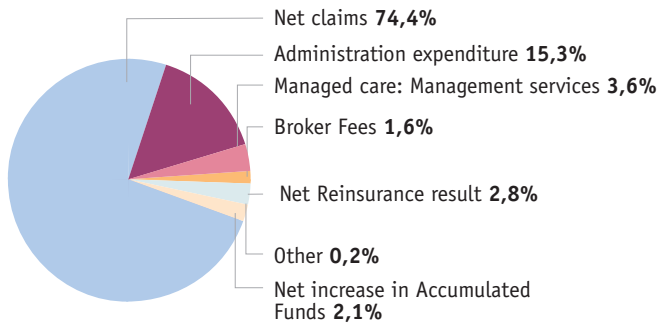


Figure 21: **Income distribution in restricted schemes with solvency < 13,5%**

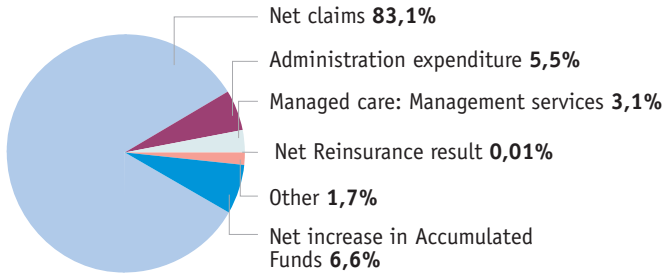


Figure 22: **Administration fees as % of GCI and Solvency in respect of open schemes under close monitoring during 2001**

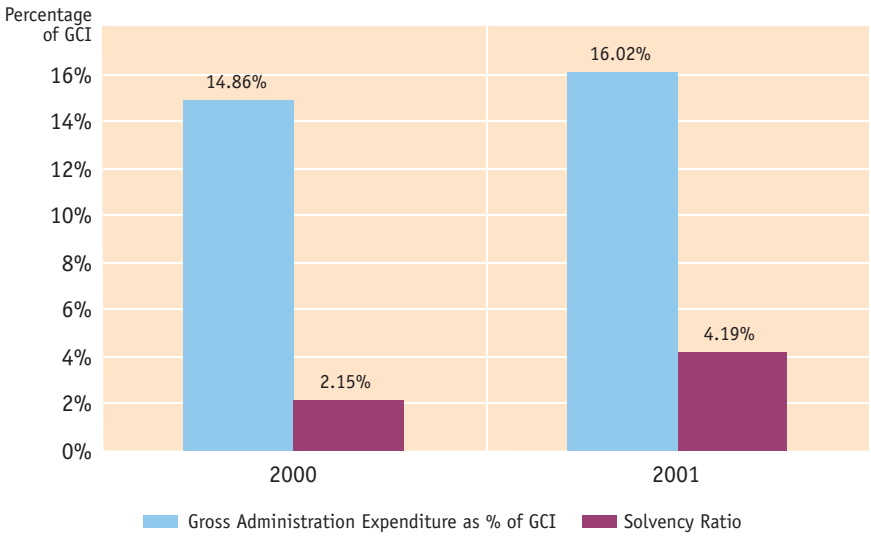


Figure 20 shows the distribution of income of those open schemes that failed to meet the prescribed solvency level of 13,5% during 2001. Both administration (risk + savings) and managed care expenditure are higher than the open scheme industry average of 10,9% (2000: 9,6%) and 2,8% (2000: 2,9%) respectively.

Figure 21 shows the distribution of income of restricted schemes that failed to meet the prescribed 13, 50% solvency level for 2001. Both administration (risk and savings) and managed care expenditure are higher than the industry average for restricted schemes of 6,6% (2000: 6 5%) and 2,3% (2000: 3,1%) respectively.

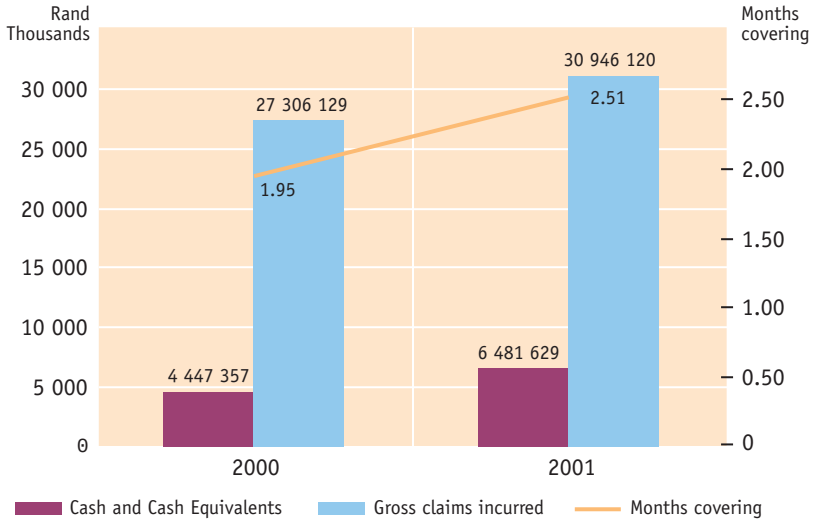
The movement in the solvency of those open schemes that did not reach the 10% solvency level at December 2000 is shown in Annexure M. The overall position of the 15 schemes improved from an average solvency level of 2,2% to 4,2%. However, average contributions per beneficiary per month increased by 29%, the claims incurred by 16% and the gross administration expenditure by a remarkable 40%. The implication is clear: these schemes will find it difficult to address their solvency positions without dealing with non-health expenditure.

Figure 22 shows the relationship between administration expenditure as a percentage of gross contribution income and solvency for those schemes under close monitoring by the Registrar's office. The figure shows that while solvency margins are still low, administration expenditures as a percentage of gross contribution income are high, and continue to rise.

Claims paying ability of medical schemes

Figure 23 depicts the claims paying ability of schemes measured in months of cover. This is the number of months' claims that the scheme is able to cover with their existing cash and cash equivalents. The cash coverage has improved from 2 to 3 months, implying that schemes in general have improved their claims paying ability. Details of individual scheme claims paying ability are outlined in Annexure N.

Figure 23: **Average gross claims covered by cash and cash equivalents**



Concluding comments

The changes to the annual statutory reports and the new accounting guidelines agreed between the Registrar's Office and SAICA are beginning to provide useful data that allow for a more robust examination of the performance and financial soundness of medical schemes in South Africa. This information is critical for an assessment of policy options on medical schemes, as well as of the management of schemes.

This report has detailed some encouraging trends with regard to the performance of medical schemes during 2001. Schemes have turned around a Rbn operating loss during 2000 into a R278m profit (which rises to R1,5bn when investment income is taken into account). Accumulated funds have increased to R7,4 bn. Prescribed solvency ratios have held up fairly well over the year, and have even increased in the restricted schemes market. Many of the schemes that were under active monitoring by the Registrar's Office have also performed better in 2001. Claims Costs per beneficiary per month have not increased, suggesting that the key fundamental pllars of the Act (community rating and prescribed minimum benefits) are not having a negative impact on costs. In fact, these measures appear to be driving the market towards more efficient management of claims cost. Lastly, the claim paying ability of medical schemes has increased from two to three months of coverage.

There are, nonetheless, a number of areas for concern. The most important relates to escalating non-health expenditure. Rising delivery costs have prevented prescribed solvency margins from being built up more rapidly, which would have been expected as a result of the declining claims ratio. These costs are also beginning to be a important contributor to premium increases. It is important that trustees review these costs carefully in the course of their stewardship of schemes. The data outlined in this report shows that raising contributions is no longer an appropriate response to solvency pressures in schemes in the absence of constraining non-health expenditure.

Composition of the Council during 2001

During the year there were several changes to the Council members. There were 3 resignations, 3 members whose term of office expired and 5 new appointees.

Resignations:

Ms. Fatima Hassan	March 2001
Ms. Debbie Pearmain	May 2001
Dr. Jud Cornell	December 2001

Expired Term:

Mr. Blamo Brooks	August 2001
Mr. Stranger Kgamphe	August 2001
Dr.Siva Pillay	August 2001

Dr. Siva Pillay was re-appointed for a further 3-year term.

At December 2001, the final composition of Council was as follows:

Chairperson

Professor Nicky Padayachee
Dean of the Faculty of Health Sciences, University of Cape Town

Deputy Chairperson

Ms. Gando Matyumza
Deputy CEO – Petronet

Dr. Siva Pillay
Medical Practitioner in Uitenhage, Eastern Cape

Professor Heather McLeod
Associate Professor of Actuarial Science, University of Cape Town

Dr. Reno Morar
Director – Cape Clothing Benefit Fund

Dr. Ayanda Ntsaluba
Director-General of the National Department of Health

Ms. Riah Phiyega
Senior General Manager for Ports and Corporate Affairs, Portnet
Commissioner – Road Accident Fund Commission

Dr. Jakes Jekwa
Medical Practitioner – East London, Eastern Cape

Mr. Barry Crookes
Formerly of Old Mutual Employee Benefits division
Retired Actuary

Mr. Henry Mbha
Senior attorney in private practice

Dr. Thandi Tsotetsi
Complementary medicine practitioner

Ms. Nomonde Mgumane
Senior Commissioner – Commission for Conciliation, Mediation and Arbitration.

Professor John Murphy
Pension Funds Adjudicator

Dr. MS Kariem
Public Health Specialist, University of Cape Town

Compliance with submission of audited financial statements and statutory returns

Section 37 of the Act requires every medical scheme to submit to the Registrar its audited annual financial statements and statutory returns by 30 April in respect of its financial year.

A number of faulty or incomplete returns have once again delayed the processing of the data. Better co-operation from the schemes in this regard will be appreciated.

The following medical schemes submitted their documentation after the deadline required by the Act. Section 66(3) requires that penalties be imposed on such schemes unless good cause can be shown.

Annual financial statements

1. Aacmed
2. Afrox Medical Aid Society
3. Allcare Medical Scheme
4. Alpha Group Medical Aid Society
5. Altron
6. Aranda
7. Bestmed
8. Bonitas
9. BP Medical Society
10. CAMAF
11. Cape Medical Plan
12. Cawmed
13. Community Medical Aid Plan
14. Edcon
15. Engen Medical Benefit Plan
16. Eyethumed
17. Fedhealth
18. Foodworkers
19. Gen-health Medical Scheme
20. Global Health
21. Golden Arrows
22. Ingwe
23. KwaZulu-Natal Medical Aid Scheme
24. Malcor
25. Medcor
26. Medicover 2000
27. Medimed
28. Methealth
29. Mutual & Federal
30. Naspers
31. Nimas
32. Omnihealth
33. Parmed
34. PG Bison
35. Pharos
36. Platinum Health
37. Polprismed
38. Prosano
39. Protector Health
40. Provia
41. Remedi
42. Samwu
43. Selfmed
44. Suremed
45. Topmed
46. Trawlermens
47. Vulamed
48. Wooltru Healthcare

Consolidated balance sheet as at 31 December 2001

	REGISTERED		BARGAINING COUNCIL		CONSOLIDATED		Average Per Member		Average Per Beneficiary	
	2001 R'000	2000 R'000	2001 R'000	2000 R'000	2001 R'000	2000 R'000	2001 R	2000 R	2001 R	2000 R
ASSETS										
Non-current Assets	6 098 135	6 327 110	222 077	213 216	6 320 212	6 540 326	2 323	2 429	906	942
Property, Plant and Equipment	210 642	235 142	8 979	9 627	219 620	244 768	81	91	31	35
Investments	5 887 493	6 091 968	213 098	203 589	6 100 591	6 295 557	2 243	2 338	875	907
Current Assets	8 700 070	6 657 186	110 543	110 546	8 810 613	6 767 732	3 239	2 513	1 263	975
Inventories	414	2 409	688	1 499	1 102	3 908	0	1	0	1
Accounts Receivable	2 218 027	2 207 420	43 938	45 865	2 261 965	2 253 285	831	837	324	324
Cash and Cash Equivalents	6 481 629	4 447 357	65 918	63 182	6 547 546	4 510 539	2 407	1 675	939	650
	14 798 205	12 984 296	332 620	323 762	15 130 825	13 308 057	5 562	4 942	2 170	1 916
FUNDS AND LIABILITIES										
Members' Funds	8 259 864	6 481 018	264 993	255 365	8 524 857	6 736 382	3 134	2 502	1 222	970
Accumulated Funds	6 830 113	5 046 725	264 354	254 790	7 094 467	5 301 515	2 608	1 969	1 017	763
Revaluation Reserve - Investments	377 148	297 138	326	262	377 473	297 400	139	110	54	43
Revaluation Reserve - Property, Plant and Equipment	20 507	20 435	-	-	20 507	20 435	8	8	3	3
Reserves set aside for specific projects	445 648	60 583	313	313	445 962	60 896	164	23	64	9
Other Reserves	586 448	1 056 136	-	-	586 448	1 056 136	216	392	84	152
Non-current Liabilities	250 776	342 161	3 847	3 686	254 623	345 847	94	128	37	50
Borrowings	250 776	342 161	3 847	3 686	254 623	345 847	94	128	37	50
Current Liabilities	6 287 565	6 161 118	63 780	64 711	6 351 345	6 225 828	2 335	2 312	911	897
Savings Plan Liability	1 817 134	1 650 656	-	619	1 817 134	1 651 275	668	613	261	238
Accounts Payable	1 918 528	2 098 987	29 515	29 390	1 948 043	2 128 377	716	790	279	306
Provision for Outstanding Claims	2 551 903	2 411 475	34 265	34 702	2 586 168	2 446 177	951	908	371	352
	14 798 205	12 984 296	332 620	323 762	15 130 825	13 308 057	5 562	4 942	2 170	1 916

NOTES:

- The 2000 closing balances for the following Registered Schemes that failed to submit documents for the 2001 financial year were brought forward:
  - Eyethumed Medical Scheme (new scheme – no balances were brought forward)
- Projections were made for Medcor due to failure to submit documents for the 2001 financial year
- Projections were made in respect of the non-financial data for Clothing Industry Sick Benefit Fund (Natal)
- The 2000 closing balances for the following Bargaining Council Schemes that failed to submit documents for 2001 financial year were brought forward:
  - BIMAF (Eastern Cape)
  - Clothing Industry (Free State & Northern Cape)
  - Clothing Industry (Northern Areas)
  - Furniture & Allied workers (SWD)
  - Hairdressers (Natal)
  - Knitting Industry (Northern Areas)
  - Motor Industry (MIMED)
- The following schemes submitted draft financial statements:
  - Discovery Health Medical Scheme
  - Selfmed Medical Scheme
  - Polprismed
  - Automed (Non-financial data were projected)
  - Clothing Industry Health Care Fund (Cape Town) (Non-financial data were projected)
  - Building Industry Medical Aid Fund (Western Cape)
- The 2000 comparative figures have been restated due to the following:

1. Due to failure to submit documents for the 2000 financial year, the 1999 closing balances that were brought forward for the following schemes in 2000 were corrected in this report in order to reflect the latest data as per the comparative data in their 2001 Annual Financial Statements:
   - CGU
   - Edcon
   - Wooltru
   - Polprismed
2. Pretmed was reclassified to the open schemes group
3. CTP was liquidated during the year and as a result of failure to submit data since 1999, the 1999 balances brought forward in the 2000 Annual Report were removed from the 2000 comparative figures
4. Due to Medcor and Building & Construction Industry Medical Aid Fund registration during the year, the 2000 balances were reclassified from the Bargaining Council Schemes to Registered Restricted Schemes for comparative reasons
5. BIMAF (North & West Boland) and Electrical Natal – As a result of failure to submit data since 1999, the 1999 balances brought forward in the 2000 Annual Report were removed from the 2000 comparative figures

- Bargaining Council Schemes were formerly known as Exempt Schemes
- Although Haggie has amalgamated with NMP, some assets are still to be transferred to NMP after December 2001

Consolidated income statement for the year ended 31 December 2001

	REGISTERED		BARGAINING COUNCIL SCHEMES		CONSOLIDATED		Average PMPM		Average PBPM	
	2001 R'000	2000 R'000	2001 R'000	2000 R'000	2001 R'000	2000 R'000	2001 R	2000 R	2001 R	2000 R
Gross Contribution Income	36 977 784	30 597 175	129 857	426 044	37 107 640	31 023 218	1 137	960	443	372
(Savings Contribution Income)	(3 678 841)	(3 094 811)	-	(989)	(3 678 841)	(3 095 800)	-113	-96	-44	-37
(Nett Claims Incurred)	(27 666 804)	(24 545 916)	(113 564)	(382 471)	(27 780 368)	(24 928 388)	-851	-771	-332	-299
Own Facility Profit/(Loss)	(1 668)	(15 773)	-	-	(1 668)	(15 773)	-0	-0	-0	-0
Gross Underwriting Results	5 630 471	2 940 675	16 293	42 583	5 646 763	2 983 258	173	92	67	36
(Administration Expenditure)	(3 540 449)	(2 499 039)	(22 592)	(39 386)	(3 563 041)	(2 538 424)	-109	-79	-43	-30
(Managed Care: Management Services)	(985 645)	(885 352)	-	(4 642)	(985 645)	(889 993)	-30	-28	-12	-11
(Broker Fees)	(289 809)	(229 799)	-	-	(289 809)	(229 799)	-9	-7	-3	-3
Nett Re-insurance Profit/(Loss)	(333 812)	(206 665)	-	(2 572)	(333 812)	(209 238)	-10	-6	-4	-3
Nett Underwriting Results	480 755	(880 180)	(6 299)	(4 017)	474 456	(884 196)	15	-27	6	-11
(Bad Debts Written Off)	(122 448)	(80 530)	(82)	(674)	(122 530)	(81 204)	-4	-3	-1	-1
Bad Debts Recovered	12 186	11 617	-	-	12 186	11 617	0	0	0	0
(Increase)/Decrease in Provision for Bad Debts	(85 705)	(86 421)	-	(361)	(85 705)	(86 782)	-3	-3	-1	-1
Profit/(Loss) from Operations	284 787	(1 035 514)	(6 381)	(5 052)	278 406	(1 040 566)	9	-32	3	-12
Other Income/(Loss)	98 528	279 995	138	207	98 666	280 202	3	9	1	3
Nett Investment Income	826 523	727 155	16 339	27 363	842 863	754 518	26	23	10	9
Profit/(Loss) on Sale of Investments	331 242	193 357	507	16	331 749	193 373	10	6	4	2
Profit/(Loss) on Sale of Property, Plant and Equipment	92	2 139	-	228	92	2 367	0	0	0	0
(Impairment losses on Property, Plant and Equipment)	(1 000)	(63)	(200)	-	(1 200)	(63)	-0	-0	-0	-0
(Impairment losses on Investments)	(4 797)	-	-	-	(4 797)	-	-0	-	-0	-
NETT PROFIT/(LOSS)	1 535 376	167 070	10 403	22 762	1 545 779	189 832	47	6	18	2

NOTES:

- The 2000 closing balances for the following Registered Schemes that failed to submit documents for the 2001 financial year were brought forward:
  - Eyethumed Medical Scheme (new scheme - no balances were brought forward)
- Projections were made for Medcor due to failure to submit documents for the 2001 financial year
- Projections were made in respect of the non-financial data for Clothing Industry Sick Benefit Fund (Natal)
- The following schemes submitted draft financial statements:
  - Discovery Health Medical Scheme
  - Selfmed Medical Scheme
  - Polprismed
  - Automed (Non-financial data were projected)
  - Clothing Industry Health Care Fund (Cape Town) (Non-financial data were projected)
  - Building Industry Medical Aid Fund (Western Cape)
- The 2000 comparative figures have been restated due to the following:

1. Due to failure to submit documents for the 2000 financial year, the 1999 closing balances that were brought forward for the following schemes in 2000 were corrected in this report in order to reflect the latest data as per the comparative data in their
   - CGU
   - Edcon
   - Wooltru
   - Polprismed
2. Pretmed was reclassified to the open schemes group
3. CTP was liquidated during the year and as a result of failure to submit data since 1999, the 1999 balances brought forward in the 2000 Annual Report were removed from the 2000 comparative figures
4. Due to Medcor and Building & Construction Industry Medical Aid Fund registration during the year, the 2000 balances were reclassified from the Bargaining Council Schemes to Registered Restricted Schemes for comparative reasons
5. BIMAF (North & West Boland) and Electrical Natal - As a result of failure to submit data since 1999, the 1999 balances brought forward in the 2000 Annual Report were removed from the 2000 comparative figures

- Bargaining Council Schemes were formerly known as Exempt Schemes
- Although Haggie has amalgamated with NMP, some assets are still to be transferred to NMP after December 2001
- PMPM – per member per month
- PBPM – per beneficiary per month

Consolidated statement of changes in funds and reserves for the year ended 31 December 2001

Annexure E

	REGISTERED		BARGAINING COUNCIL SCHEMES		CONSOLIDATED		Average PM		Average PB	
	2001 R 000	2000 R 000	2001 R 000	2000 R 000	2001 R 000	2000 R 000	2001 R	2000 R	2001 R	2000 R
ACCUMULATED FUNDS										
Balances at beginning of year	5 180 782	4 674 155	254 790	232 180	5 435 571	4 906 335	1 998	1 822	779	707
– As previously reported	5 046 725	4 597 365	254 790	232 508	5 301 515	4 829 873	1 949	1 794	760	695
– Prior year adjustment	134 057	76 790	–	(329)	134 057	76 462	49	28	19	11
Nett Profit/(Loss) for the year	1 535 376	167 070	10 403	22 762	1 545 779	189 832	568	71	222	27
Gains/(Losses) on remeasurement of properties and investments	2 247	24 653	–	–	2 247	24 653	1	9	0	4
Transfer to/(from) accumulated funds	111 756	180 848	262	(152)	112 017	180 696	41	67	16	26
Other	(47)	–	(1 100)	–	(1 148)	–	–0	–	–0	–
Balances at end of year	6 830 113	5 046 725	264 354	254 790	7 094 467	5 301 515	2 608	1 969	1 017	763
REVALUATION RESERVE (INVESTMENTS)										
Balances at beginning of year	297 138	330 294	262	151	297 400	330 445	109	123	43	48
Gains/(Losses) on remeasurement of investments	101 036	17 103	326	111	101 362	17 214	37	6	15	2
Transfer to/(from) reserves	31 555	(50 259)	(262)	–	31 294	(50 259)	12	–19	4	–7
Other	(52 582)	–	–	–	(52 582)	–	–19	–	–8	–
Balances at end of year	377 148	297 138	326	262	377 473	297 400	139	110	54	43
Representing:										
– Investments relating to the Accumulated Funds	372 133	293 725	326	262	372 459	293 987	137	109	53	42
– Investments relating to the Savings plan accounts	5 014	3 413	–	–	5 014	3 413	2	1	1	0
REVALUATION RESERVE (PROPERTY, PLANT AND EQUIPMENT)										
Balances at beginning of year	20 435	21 030	–	–	20 435	21 030	8	8	3	3
Gains/(Losses) on remeasurement of property, plant and equipment	71	(1 839)	–	–	71	(1 839)	0	–1	0	–0
Transfer to/(from) reserves	–	1 244	–	–	–	1 244	–	0	–	0
Other	–	–	–	–	–	–	–	–	–	–
Balances at end of year	20 507	20 435	–	–	20 507	20 435	8	8	3	3
OTHER RESERVES										
Balances at beginning of year	1 056 136	1 111 838	–	–	1 056 136	1 111 838	388	413	151	160
Transfer to/(from) reserves	(49 238)	(55 702)	–	–	(49 238)	(55 702)	–18	–21	–7	–8
Other	(420 450)	–	–	–	(420 450)	–	–155	–	–60	–
Balances at end of year	586 448	1 056 136	–	–	586 448	1 056 136	216	392	84	152
RESERVES SET ASIDE FOR SPECIFIC PROJECTS										
Balances at beginning of year	60 583	32 120	313	313	60 896	32 433	22	12	9	5
Transfer to/(from) reserves	385 066	28 463	–	–	385 066	28 463	142	11	55	4
Other	–	–	–	–	–	–	–	–	–	–
Balances at end of year	445 648	60 583	313	313	445 962	60 896	164	23	64	9

NOTES:

- The 2000 closing balances for the following Registered Schemes that failed to submit documents for the 2001 financial year were brought forward:
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- Projections were made for Medcor due to failure to submit documents for the 2001 financial year
- Projections were made in respect of the non-financial data for Clothing Industry Sick Benefit Fund (Natal)
- The 2000 closing balances for the following Bargaining Council Schemes that failed to submit documents for 2001 financial year were brought forward:
  - BIMAF (Eastern Cape)
  - Clothing Industry (Free State & Northern Cape)
  - Clothing Industry (Northern Areas)
  - Furniture & Allied workers (SWD)
  - Hairdressers (Natal)
  - Knitting Industry (Northern Areas)
  - Motor Industry (MIMED)
- The following schemes submitted draft financial statements:
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- PM – per member
- PB – per beneficiary

	MEMBERS			DEPENDANTS			BENEFICIARIES		
	2001	2000	% Change	2001	2000	% Change	2001	2000	% Change
Registered schemes	2 624 762	2 598 865	1,00%	4 132 321	4 130 686	0,04%	6 757 083	6 729 551	0,41%
– Open schemes	1 823 896	1 771 517	2,96%	2 944 180	2 904 582	1,36%	4 768 076	4 676 099	1,97%
- Restricted schemes	800 866	827 348	–3,20%	1 188 141	1 226 104	–3,10%	1 989 007	2 053 452	–3,14%
Bargaining Council Schemes	114 521	119 436	–4,12%	149 202	155 649	–4,14%	263 723	275 085	–4,13%
TOTAL MEMBERSHIP	2 739 283	2 718 301	0,77%	4 281 523	4 286 335	–0,11%	7 020 806	7 004 636	0,23%
Registered schemes	2 603 861	2 572 457	1,22%	4 094 801	4 086 081	0,21%	6 698 662	6 658 538	0,60%
– Open schemes	1 797 961	1 720 712	4,49%	2 899 661	2 815 101	3,00%	4 697 622	4 535 813	3,57%
– Restricted schemes	805 900	851 745	–5,38%	1 195 139	1 270 980	–5,97%	2 001 039	2 122 725	–5,73%
Bargaining Council Schemes	116 511	120 177	–3,05%	159 083	165 789	–4,04%	275 594	285 966	–3,63%
AVERAGE MEMBERSHIP	2 720 372	2 692 634	1,03%	4 253 884	4 251 870	0,05%	6 974 256	6 944 504	0,43%
Average No of dependants per member	1,56	1,58							
Overall Pensioner Ratio	6%	6%							

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- Bargaining Council Schemes were formerly known as Exempt Schemes

	Registered – open per 1000 beneficiaries	Registered – restricted per 1000 beneficiaries	Combined open and restricted per 1000 beneficiaries
Primary and emergency care services			
Number of beneficiaries visiting a GP at least once a year	662,61	818,04	690,44
Number of beneficiaries visiting dentists at least once a year	238,16	348,47	257,91
Number of beneficiaries using ambulances at least once a year	4,59	6,09	4,85
Private Hospitals:			
No. of beneficiaries admitted	89,46	155,12	101,22
No. of beneficiaries admitted for Prescribed Minimum Benefits	1,23	34,27	7,14
No. of beneficiaries admitted at day clinics/ unattached operating theatres (discipline 76 and 77)	5,90	18,21	8,11
Number of Beneficiaries receiving MRI & CT scans	11,78	20,02	13,26
Number of MRI & CT scans administered	23,70	30,08	24,84
Number of Mammograms paid for	60,02	81,11	63,27
Number of Pap smears paid for	107,55	91,38	104,71
Number of Deaths	0,50	9,51	2,11
Public Hospitals:			
No. of beneficiaries admitted	9,56	7,25	9,15
No. of beneficiaries admitted for Prescribed Minimum Benefits	0,12	0,45	0,18
Number of Beneficiaries receiving MRI & CT scans	0,41	0,04	0,35
Number of MRI & CT scans administered	0,36	0,06	0,31
Number of Mammograms paid for	0,00	0,10	0,02
Number of Pap smears paid for	0,01	0,25	0,05
Number of Deaths	0,01	0,10	0,03

	NUMBER OF PATIENTS SEEN		
	Registered – open per 1000 beneficiaries	Registered – restricted per 1000 beneficiaries	Combined open and restricted per 1000 beneficiaries
Medical Specialists			
Dermatologists	47,75	64,46	52,53
Obstetrics & Gynaecologists	399,79	507,80	429,97
Pulmonologist	8,72	14,01	10,23
Physicians	124,70	159,52	134,66
Gastroenterologists	7,51	4,84	6,75
Neurologists	18,02	22,37	19,26
Cardiologist	24,60	21,67	23,76
Psychiatrists	29,77	33,08	30,72
Medical Oncologists	4,54	3,01	4,10
Neuro–surgeons	15,73	18,92	16,64
Nuclear Medicine	2,90	7,96	4,35
Ophthalmologists	49,85	81,35	58,86
Orthopaedic Surgeons	63,53	87,68	70,44
Otorhinolaryngologists	50,66	71,63	56,66
Paediatricians	323,07	339,17	327,39
Paediatric Cardiologists	9,72	2,36	7,75
Specialists in Physical Medicine	0,60	1,04	0,72
Plastic & Reconstructive Surgeons	6,57	10,32	7,64
Radiotherapists	17,88	34,21	22,55
Surgeons	70,22	55,86	66,11
Thoracic Surgeons	7,23	11,19	8,36
Urologists	29,86	38,16	32,23
Clinical Support Specialists:			
Anaesthetists	106,55	145,90	117,81
Radiologists	212,97	349,89	252,14
Pathologists	431,59	395,92	421,38
Laboratory Technologists	67,76	242,70	117,80
Other	11,83	130,37	45,74
Dental Specialists			
Maxilla, Facial & Oral Surgeons	16,11	22,43	17,92
Oral Pathologists	0,34	0,16	0,29
Orthodontists	32,85	37,97	34,31
Periodontists	7,24	5,31	6,69
Prosthodontists	3,45	3,27	3,40

	NUMBER OF PATIENTS SEEN		
	Registered – open per 1000 beneficiaries	Registered – restricted per 1000 beneficiaries	Combined open and restricted per 1000 beneficiaries
Allied and Support Health Professionals			
Podiatrists	13,86	19,00	15,31
Optometrists	236,92	322,80	261,18
Physiotherapists	316,49	280,87	306,43
Orthoptists	0,30	0,74	0,42
Speech Therapists	31,46	26,31	30,01
Psychologists	87,11	84,46	86,36
Occupational Therapy	38,41	27,36	35,28
Private Nurses	25,07	23,68	24,68
Dieticians	14,77	13,75	14,48
Complementary medicine	47,65	42,39	46,16
Medical Technologists	12,90	24,30	16,12
Other	118,08	163,95	131,04

NOTES:

- Data on the utilisation of health services was submitted by 51% of registered schemes representing 62% of beneficiaries in these schemes
- Mammogram: the denominator represents all women beneficiaries aged 40 to 60 years
- Pap smears: the denominator represents all women beneficiaries over 20 years of age
- Obstetrics and gynaecologists: the denominator represents all women beneficiaries over the age of 15 years
- Paediatricians/Paediatric Cardiologists: the denominator represents all beneficiaries under the age of 15 years
- Complementary medicine includes: chiropractors and osteopaths, homeopaths, naturopaths and phytotherapists, therapeutic massage, aromatherapy and reflexology, ayurvedic practitioners, and accupunture and Chinese medicine

Analysis of all benefits paid for the year ended 31 December 2001

	REGISTERED – OPEN		REGISTERED – RESTRICTED		REGISTERED – OPEN	REGISTERED – RESTRICTED		BARGAINING COUNCIL SCHEMES				CONSOLIDATED				Average PBPM		
	2001 R'000	%	2001 R'000	%	2000 R'000	2000 R'000	% Change	2001 R'000	%	2000 R'000	% Change	2001 R'000	%	2000 R'000	% Change	2001 R	2000 R	% Change
TOTAL HOSPITALS	6 459 208	30,64	2 507 143	25,92	5 138 240	2 854 103	12,2	21 578	19,02	268 382	–92,0	8 987 929	29,12	8 260 725	8,8	107,39	99,13	8,3
PROVINCIAL HOSPITALS	111 969	0,53	156 762	1,62	136 712	46 157	47,0	334	0,29	7 197	–95,4	269 064	0,87	190 066	41,6	3,21	2,28	41,0
Ward fees	73 724	0,35	61 015	0,63	94 223	37 860	2,0	361	0,32	2 779	–87,0	135 100	0,44	134 862	0,2	1,61	1,62	–0,3
Theatre fees	7 126	0,03	7 088	0,07	12 786	2 154	–4,9	110	0,10	3 574	–96,9	14 325	0,05	18 513	–22,6	0,17	0,22	–23,0
Consumables	4 586	0,02	592	0,01	14 344	3 976	–71,7	19	0,02	426	–95,5	5 197	0,02	18 746	–72,3	0,06	0,22	–72,4
Medicines dispensed	26 532	0,13	88 066	0,91	15 359	2 167	553,9	(156)	–0,14	418	–137,3	114 442	0,37	17 944	537,8	1,37	0,22	535,0
PRIVATE HOSPITALS	6 170 626	29,27	2 306 127	23,85	4 883 538	2 739 646	11,2	21 244	18,73	261 184	–91,9	8 497 997	27,53	7 884 368	7,8	101,54	94,61	7,3
Ward fees	2 766 753	13,12	1 077 329	11,14	2 258 945	1 461 061	3,3	18 962	16,72	162 291	–88,3	3 863 044	12,52	3 882 298	–0,5	46,16	46,59	–0,9
Theatre fees	932 086	4,42	334 718	3,46	644 235	388 236	22,7	149	0,13	33 373	–99,6	1 266 952	4,10	1 065 843	18,9	15,14	12,79	18,4
Consumables	1 305 908	6,19	274 499	2,84	1 185 788	472 895	–4,7	206	0,18	37 508	–99,5	1 580 613	5,12	1 696 191	–6,8	18,89	20,35	–7,2
Medicines dispensed	1 165 880	5,53	619 581	6,41	794 569	417 454	47,3	1 927	1,70	28 013	–93,1	1 787 388	5,79	1 240 036	44,1	21,36	14,88	43,5
Global / per diem fee	176 613	0,84	44 254	0,46	117 990	68 300	18,6	–	0,00	–	0,0	220 867	0,72	186 291	18,6	2,64	2,24	18,1
MEDICINES	5 222 210	24,77	2 686 215	27,78	4 743 591	2 285 681	12,5	21 472	18,93	282 419	–92,4	7 929 897	25,69	7 311 690	8,5	94,75	87,74	8,0
– dispensed by Pharmacists	3 925 019	18,62	1 963 235	20,30	3 360 103	1 857 642	12,9	17 000	14,99	144 481	–88,2	5 905 254	19,13	5 362 227	10,1	70,56	64,35	9,7
– dispensed by Practitioners	1 279 361		705 682		1 383 487	428 038	9,6	4 397	3,88	137 938	–96,8	1 989 440	6,45	1 949 463	2,1	23,77	23,39	1,6
– dispensed by Allied and Support Health Professionals	17 831	0,08	17 298	0,18	–	–	100,0	74	0,07	–	100,0	35 203	0,11	–	100,0	0,42	0,00	100,0
GENERAL PRACTITIONERS	1 745 958	8,28	992 371	10,26	1 487 684	661 971	27,4	37 495	33,06	144 681	–74,1	2 775 825	8,99	2 294 336	21,0	33,17	27,53	20,5
MEDICAL SPECIALISTS	4 202 272	19,93	1 893 223	19,58	3 546 864	1 589 316	18,7	12 900	11,37	170 244	–92,4	6 108 395	19,79	5 306 424	15,1	72,99	63,68	14,6
Dermatologists	43 895	0,21	20 785	0,21	37 621	19 178	13,9	65	0,06	1 400	–95,3	64 745	0,21	58 199	11,2	0,77	0,70	10,8
Obstetrics & Gynaecologists	347 568	1,65	130 938	1,35	272 220	108 938	25,5	209	0,18	12 290	–98,3	478 715	1,55	393 447	21,7	5,72	4,72	21,2
Pulmonologist	14 988	0,07	4 938	0,05	10 479	5 425	25,3	38	0,03	340	–89,0	19 963	0,06	16 244	22,9	0,24	0,19	22,4
Physicians	250 369	1,19	151 728	1,57	182 216	96 662	44,2	8 326	7,34	15 907	–47,7	410 423	1,33	294 785	39,2	4,90	3,54	38,6
Gastroenterologist	15 920	0,08	5 383	0,06	10 870	3 855	44,7	19	0,02	285	–93,5	21 321	0,07	15 009	42,1	0,25	0,18	41,4
Neurologists	40 602	0,19	18 131	0,19	37 773	14 445	12,5	21	0,02	1 375	–98,4	58 755	0,19	53 593	9,6	0,70	0,64	9,2
Cardiologist	84 464	0,40	73 642	0,76	49 706	21 466	122,1	54	0,05	1 719	–96,9	158 160	0,51	72 891	117,0	1,89	0,87	116,1
Psychiatrists	75 668	0,36	34 043	0,35	59 408	31 587	20,6	509	0,45	4 574	–88,9	110 220	0,36	95 569	15,3	1,32	1,15	14,8
Medical Oncologist	21 604	0,10	8 239	0,09	23 438	7 368	–3,1	3	0,00	706	–99,6	29 845	0,10	31 512	–5,3	0,36	0,38	–5,7
Neuro–surgeons	68 018	0,32	28 925	0,30	48 367	27 336	28,1	5	0,00	2 399	–99,8	96 948	0,31	78 102	24,1	1,16	0,94	23,6
Nuclear Medicine	52 504	0,25	26 391	0,27	23 866	14 749	104,3	8	0,01	440	–98,3	78 903	0,26	39 055	102,0	0,94	0,47	101,2
Ophthalmologists	176 664	0,84	85 996	0,89	142 774	60 068	29,5	209	0,18	7 704	–97,3	262 870	0,85	210 546	24,9	3,14	2,53	24,3
Orthopaedic Surgeons	215 602	1,02	91 213	0,94	163 131	78 813	26,8	77	0,07	8 459	–99,1	306 892	0,99	250 403	22,6	3,67	3,00	22,0
Otorhinolaryngologists	101 908	0,48	40 408	0,42	84 820	34 489	19,3	58	0,05	3 808	–98,5	142 374	0,46	123 116	15,6	1,70	1,48	15,1
Paediatricians	138 079	0,66	55 148	0,57	120 671	43 695	17,6	55	0,05	6 030	–99,1	193 283	0,63	170 396	13,4	2,31	2,04	12,9
Paediatric Cardiologist	4 477	0,02	1 684	0,02	5 260	962	–1,0	2	0,00	59	–96,9	6 163	0,02	6 281	–1,9	0,07	0,08	–2,3
Specialists in Physical Medicine	561	0,00	208	0,00	7 895	266	–90,6	4	0,00	12	–70,0	773	0,00	8 173	–90,5	0,01	0,10	–90,6
Plastic & Reconstructive Surgeons	24 476	0,12	10 228	0,11	52 943	8 706	–43,7	13	0,01	830	–98,4	34 717	0,11	62 479	–44,4	0,41	0,75	–44,7
Radiotherapists	118 611	0,56	60 949	0,63	117 384	59 270	1,6	12	0,01	6 835	–99,8	179 571	0,58	183 489	–2,1	2,15	2,20	–2,6
Surgeons	227 388	1,08	81 814	0,85	154 473	75 361	34,5	1 992	1,76	8 278	–75,9	311 193	1,01	238 112	30,7	3,72	2,86	30,1
Thoracic Surgeons	50 340	0,24	20 269	0,21	36 780	22 453	19,2	0	0,00	1 653	–100,0	70 609	0,23	60 886	16,0	0,84	0,73	15,5
Urologists	85 981	0,41	36 298	0,38	61 462	31 280	31,8	64	0,06	3 076	–97,9	122 343	0,40	95 818	27,7	1,46	1,15	27,1
CLINICAL SUPPORT SPECIALISTS																		
Anaesthetists	305 598	1,45	125 416	1,30	248 306	119 165	17,3	78	0,07	10 910	–99,3	431 092	1,40	378 381	13,9	5,15	4,54	13,4
Radiologists	778 026	3,69	360 706	3,73	609 110	324 612	22,0	522	0,46	33 421	–98,4	1 139 254	3,69	967 143	17,8	13,61	11,61	17,3
Pathologists	714 004	3,39	256 131	2,65	919 211	369 447	–24,7	550	0,48	36 715	–98,5	970 685	3,14	1 325 373	–26,8	11,60	15,90	–27,1
Laboratory Technologist	23 382	0,11	43 922	0,45	13 050	4 017	294,3	–	0,00	1 007	–100,0	67 304	0,22	18 074	272,4	0,80	0,22	270,8
Other	221 576	1,05	119 692	1,24	53 629	5 705	475,2	8	0,01	13	–40,3	341 276	1,11	59 347	475,1	4,08	0,71	472,6

Analysis of all benefits paid *continued*

	REGISTERED – OPEN		REGISTERED – RESTRICTED		REGISTERED – OPEN	REGISTERED – RESTRICTED		BARGAINING COUNCIL SCHEMES				CONSOLIDATED				Average PBPM		
	2001 R'000	%	2001 R'000	%	2000 R'000	2000 R'000	% Change	2001 R'000	%	2000 R'000	% Change	2001 R'000	%	2000 R'000	% Change	2001 R	2000 R	% Change
DENTISTS	1 060 181	5,03	433 258	4,48	929 783	393 972	12,8	2 876	2,54	54 627	–94,7	1 496 316	4,85	1 378 382	8,6	17,88	16,54	8,1
DENTAL SPECIALISTS	212 423	1,01	88 013	0,91	199 789	73 615	9,9	4 312	3,80	5 821	–25,9	304 748	0,99	279 226	9,1	3,64	3,35	8,7
Maxilla, Facial & Oral Surgeons	77 161	0,37	24 790	0,26	53 906	21 594	35,0	4 232	3,73	1 652	156,2	106 183	0,34	77 152	37,6	1,27	0,93	37,0
Oral Pathologists	211	0,00	52	0,00	13 380	118	–98,1	–	0,00	26	–100,0	263	0,00	13 524	–98,1	0,00	0,16	–98,1
Orthodontists	107 267	0,51	50 010	0,52	104 361	42 904	6,8	77	0,07	3 501	–97,8	157 354	0,51	150 767	4,4	1,88	1,81	3,9
Periodontists	14 643	0,07	6 630	0,07	13 654	4 679	16,0	3	0,00	358	–99,2	21 276	0,07	18 691	13,8	0,25	0,22	13,3
Prosthodontists	13 140	0,06	6 531	0,07	14 489	4 319	4,6	–	0,00	284	–100,0	19 672	0,06	19 092	3,0	0,24	0,23	2,6
ALLIED AND SUPPORT HEALTH PROFESSIONALS	1 455 593	6,90	634 006	6,56	1 220 055	486 306	22,5	8 194	7,22	59 311	–86,2	2 097 793	6,80	1 765 672	18,8	25,07	21,19	18,3
Podiatrists	6 273	0,03	2 189	0,02	4 564	1 345	43,2	8	0,01	318	–97,3	8 470	0,03	6 227	36,0	0,10	0,07	35,4
Optometrists	773 092	3,67	299 303	3,09	634 450	224 168	24,9	4 908	4,33	29 333	–83,3	1 077 303	3,49	887 950	21,3	12,87	10,66	20,8
Physiotherapists	236 452	1,12	91 212	0,94	197 258	86 839	15,3	179	0,16	9 188	–98,0	327 843	1,06	293 285	11,8	3,92	3,52	11,3
Orthoptists	1 873	0,01	3 510	0,04	1 769	638	123,6	1	0,00	1 664	–100,0	5 384	0,02	4 071	32,2	0,06	0,05	31,7
Speech Therapists	32 668	0,15	15 965	0,17	31 539	11 932	11,9	6	0,00	2 625	–99,8	48 639	0,16	46 096	5,5	0,58	0,55	5,1
Psychologists	89 488	0,42	36 019	0,37	108 835	30 213	–9,7	38	0,03	10 577	–99,6	125 545	0,41	149 625	–16,1	1,50	1,80	–16,5
Occupational Therapy	27 848	0,13	23 217	0,24	25 283	7 911	53,8	15	0,01	1 544	–99,1	51 080	0,17	34 739	47,0	0,61	0,42	46,4
Private Nurses	16 293	0,08	11 928	0,12	19 743	11 602	–10,0	6	0,01	543	–98,9	28 227	0,09	31 889	–11,5	0,34	0,38	–11,9
Dieticians	9 301	0,04	2 420	0,03	6 898	2 074	30,6	3	0,00	83	–96,8	11 724	0,04	9 055	29,5	0,14	0,11	28,9
Complementary medicine	21 000	0,10	8 956	0,09	25 311	7 874	–9,7	55	0,05	523	–89,6	6 496	0,02	33 709	–80,7	0,08	0,40	–80,8
Medical Technologists	33 576	0,16	33 493	0,35	48 634	23 757	–7,4	2 961	2,61	1 453	103,8	70 030	0,23	73 844	–5,2	0,84	0,89	–5,6
Other	207 729	0,99	105 794	1,09	115 770	77 952	61,8	14	0,01	1 461	–99,0	313 537	1,02	195 183	60,6	3,75	2,34	60,0
EX–GRATIA PAYMENTS	46 578	0,22	8 972	0,09	34 824	8 868	27,1	3 559	3,14	2 295	55,0	59 109	0,19	45 988	28,5	0,71	0,55	28,0
OTHER BENEFITS	513 664	2,44	298 048	3,08	247 282	164 870	96,9	1 039	0,92	13 952	–92,6	812 751	2,63	426 104	90,7	9,71	5,11	89,9
Appliances (supplied outside hospitals excl prosthesis)	55 508	0,26	33 083	0,34	62 158	42 508	–15,4	113	0,10	7 016	–98,4	88 705	0,29	111 682	–20,6	1,06	1,34	–20,9
Prostheses	231 319	1,10	29 346	0,30	30 614	7 408	585,6	–	0,00	17	–100,0	260 666	0,84	38 039	585,3	3,11	0,46	582,3
Ambulance Services	24 234	0,11	8 552	0,09	17 820	16 134	–3,4	3	0,00	1 800	–99,9	32 788	0,11	35 754	–8,3	0,39	0,43	–8,7
Other	202 602	0,96	227 067	2,35	136 690	98 820	82,4	923	0,81	5 120	–82,0	430 592	1,40	240 630	78,9	5,15	2,89	78,2
CAPITATED PRIMARY CARE	162 594	0,77	129 599	1,34	82 051	6 601	229,6	–	0,00	–	0,0	292 194	0,95	88 652	229,6	3,49	1,06	228,2
TOTAL BENEFITS	21 080 682	100	9 670 850	100	17 630 163	8 525 304	17,6	113 424	100	1 001 732	–88,7	30 864 956	100	27 157 199	13,65	368,80	325,88	13,2

NOTES:

- The 2000 comparative figures have not been restated
- The following registered scheme that failed to submit its results at the time of printing this report was omitted from this particular schedule:
  – Eyethumed Medical Scheme (new scheme – no balances were brought forward)
- Projections were made for Medcor due to failure to submit documents for the 2001 financial year
- PBPM – per beneficiary per month

Analysis of risk benefits paid for the year ended 31 December 2001

	REGISTERED – OPEN		REGISTERED – RESTRICTED		REGISTERED – OPEN	REGISTERED – RESTRICTED		BARGAINING COUNCIL SCHEMES				CONSOLIDATED				Average PBPM		
	2001 R'000	%	2001 R'000	%	2000 R'000	2000 R'000	% Change	2001 R'000	%	2000 R'000	% Change	2001 R'000	%	2000 R'000	% Change	2001 R	2000 R	% Change
TOTAL HOSPITALS	6 427 572	34,59	2 500 072	28,13	5 122 041	2 838 361	12,2	21 578	19,02	268 382	–92,0	8 949 222	32,44	8 228 783	8,8	106,93	98,74	8,3
PROVINCIAL HOSPITALS	109 760	0,59	155 716	1,75	135 661	45 197	46,8	334	0,29	7 197	–95,4	265 809	0,96	188 055	41,3	3,18	2,26	40,7
Ward fees	72 514	0,39	60 758	0,68	93 731	37 045	1,9	361	0,32	2 779	–87,0	133 633	0,48	133 555	0,1	1,60	1,60	–0,4
Theatre fees	7 106	0,04	6 320	0,07	12 759	2 152	–10,0	110	0,10	3 574	–96,9	13 536	0,05	18 485	–26,8	0,16	0,22	–27,1
Consumables	4 279	0,02	578	0,01	13 951	3 844	–72,7	19	0,02	426	–95,5	4 877	0,02	18 222	–73,2	0,06	0,22	–73,4
Medicines dispensed	25 860	0,14	88 060	0,99	15 219	2 156	555,7	(156)	–0,14	418	–137,3	113 764	0,41	17 793	539,4	1,36	0,21	536,6
PRIVATE HOSPITALS	6 141 198	33,04	2 300 103	25,88	4 868 390	2 724 863	11,2	21 244	18,73	261 184	–91,9	8 462 545	30,68	7 854 438	7,7	101,12	94,25	7,3
Ward fees	2 762 045	14,86	1 073 971	12,08	2 253 027	1 455 488	3,4	18 962	16,72	162 291	–88,3	3 854 979	13,97	3 870 806	–0,4	46,06	46,45	–0,8
Theatre fees	927 216	4,99	334 389	3,76	643 117	387 427	22,4	149	0,13	33 373	–99,6	1 261 754	4,57	1 063 917	18,6	15,08	12,77	18,1
Consumables	1 294 443	6,97	274 082	3,08	1 180 781	465 422	–4,7	206	0,18	37 508	–99,5	1 568 731	5,69	1 683 710	–6,8	18,74	20,20	–7,2
Medicines dispensed	1 157 493	6,23	617 660	6,95	791 465	416 527	47,0	1 927	1,70	28 013	–93,1	1 777 081	6,44	1 236 005	43,8	21,23	14,83	43,2
Global / per diem fee	176 613	0,95	44 254	0,50	117 990	68 300	18,6	–	0,00	–	0,0	220 867	0,80	186 291	18,6	2,64	2,24	18,1
MEDICINES	4 096 433	22,04	2 364 304	26,60	3 955 557	1 981 870	8,8	21 472	18,93	282 259	–92,4	6 482 209	23,50	6 219 686	4,2	77,45	74,64	3,8
– dispensed by Pharmacists	3 033 337	16,32	1 722 833	19,38	2 777 981	1 618 125	8,2	17 000	14,99	144 341	–88,2	4 773 170	17,30	4 540 448	5,1	57,03	54,48	4,7
– dispensed by Practitioners	1 050 978	5,66	637 591	7,17	1 177 576	363 745	9,6	4 397	0,038766	137 918	–96,8	1 692 966	6,14	1 679 239	0,8	20,23	20,15	0,4
– dispensed by Allied and Support Health Professionals	12 118	0,07	3 881	0,04	–	–	100,0	74	0,07	–	100,0	16 073	0,06	–	100,0	0,19	0,00	100,0
GENERAL PRACTITIONERS	1 422 813	7,66	870 824	9,80	1 193 439	521 708	33,7	37 495	33,06	144 631	–74,1	2 331 132	8,45	1 859 778	25,3	27,85	22,32	24,8
MEDICAL SPECIALISTS	3 805 470	20,48	1 760 268	19,81	3 187 348	1 495 559	18,9	12 900	11,37	170 172	–92,4	5 578 638	20,22	4 853 079	15,0	66,66	58,24	14,5
Dermatologists	32 625	0,18	13 356	0,15	28 506	16 014	3,3	65	0,06	1 398	–95,3	46 046	0,17	45 918	0,3	0,55	0,55	–0,1
Obstetrics & Gynaecologists	302 621	1,63	117 546	1,32	233 888	95 972	27,4	209	0,18	12 282	–98,3	420 375	1,52	342 142	22,9	5,02	4,11	22,3
Pulmonologist	13 022	0,07	4 529	0,05	8 812	5 114	26,0	38	0,03	340	–89,0	17 589	0,06	14 266	23,3	0,21	0,17	22,8
Physicians	229 661	1,24	144 384	1,62	164 640	87 353	48,4	8 326	7,34	15 904	–47,6	382 371	1,39	267 898	42,7	4,57	3,21	42,1
Gastroenterologists	14 520	0,08	5 041	0,06	9 529	3 590	49,1	19	0,02	285	–93,5	19 580	0,07	13 403	46,1	0,23	0,16	45,5
Neurologists	35 623	0,19	15 365	0,17	33 718	13 009	9,1	21	0,02	1 374	–98,4	51 009	0,18	48 101	6,0	0,61	0,58	5,6
Cardiologist	76 052	0,41	71 932	0,81	43 866	20 128	131,2	54	0,05	1 718	–96,8	148 039	0,54	65 712	125,3	1,77	0,79	124,3
Psychiatrists	68 287	0,37	30 400	0,34	52 783	29 112	20,5	509	0,45	4 574	–88,9	99 195	0,36	86 469	14,7	1,19	1,04	14,2
Medical Oncologist	21 282	0,11	7 873	0,09	23 101	7 256	–4,0	3	0,00	705	–99,6	29 158	0,11	31 062	–6,1	0,35	0,37	–6,5
Neuro–surgeons	65 999	0,36	27 433	0,31	46 058	26 467	28,8	5	0,00	2 399	–99,8	93 437	0,34	74 923	24,7	1,12	0,90	24,2
Nuclear Medicine	48 881	0,26	25 641	0,29	21 720	14 571	105,3	8	0,01	440	–98,3	74 530	0,27	36 730	102,9	0,89	0,44	102,0
Ophthalmologists	160 106	0,86	75 152	0,85	128 286	55 860	27,8	209	0,18	7 702	–97,3	235 468	0,85	191 849	22,7	2,81	2,30	22,2
Orthopaedic Surgeons	205 697	1,11	84 097	0,95	153 119	74 994	27,0	77	0,07	8 458	–99,1	289 871	1,05	236 571	22,5	3,46	2,84	22,0
Otorhinolaryngologists	92 346	0,50	35 842	0,40	75 991	31 614	19,1	58	0,05	3 806	–98,5	128 246	0,46	111 410	15,1	1,53	1,34	14,6
Paediatricians	116 117	0,62	45 538	0,51	102 729	37 810	15,0	55	0,05	6 029	–99,1	161 711	0,59	146 567	10,3	1,93	1,76	9,9
Paediatric Cardiologist	3 775	0,02	1 433	0,02	4 757	866	–7,4	2	0,00	59	–96,9	5 210	0,02	5 682	–8,3	0,06	0,07	–8,7
Specialists in Physical Medicine	452	0,00	135	0,00	7 849	241	–92,7	4	0,00	12	–70,0	591	0,00	8 102	–92,7	0,01	0,10	–92,7
Plastic & Reconstructive Surgeons	22 292	0,12	9 052	0,10	50 715	8 150	–46,8	13	0,01	830	–98,4	31 357	0,11	59 695	–47,5	0,37	0,72	–47,7
Radiotherapists	117 282	0,63	60 229	0,68	115 080	58 615	2,2	12	0,01	6 835	–99,8	177 523	0,64	180 531	–1,7	2,12	2,17	–2,1
Surgeons	218 153	1,17	78 857	0,89	145 744	71 619	36,6	1 992	1,76	8 278	–75,9	299 002	1,08	225 641	32,5	3,57	2,71	31,9
Thoracic Surgeons	49 847	0,27	19 939	0,22	36 014	22 228	19,8	0	0,00	1 653	–100,0	69 787	0,25	59 896	16,5	0,83	0,72	16,0
Urologists	79 538	0,43	32 380	0,36	55 796	28 908	32,1	64	0,06	3 075	–97,9	111 982	0,41	87 780	27,6	1,34	1,05	27,0
CLINICAL SUPPORT SPECIALISTS																		
Anaesthetists	302 467	1,63	123 356	1,39	242 197	117 681	18,3	78	0,07	10 910	–99,3	425 901	1,54	370 788	14,9	5,09	4,45	14,4
Radiologists	700 351	3,77	345 121	3,88	534 726	308 991	23,9	522	0,46	33 402	–98,4	1 045 994	3,79	877 118	19,3	12,50	10,53	18,7
Pathologists	587 134	3,16	245 850	2,77	801 927	349 895	–27,7	550	0,48	36 684	–98,5	833 534	3,02	1 188 507	–29,9	9,96	14,26	–30,2
Laboratory Technologist	21 969	0,12	22 232	0,25	12 805	3 896	164,7	–	0,00	1 007	–100,0	44 201	0,16	17 708	149,6	0,53	0,21	148,5
Other	219 372	1,18	117 553	1,32	52 992	5 604	475,0	8	0,01	13	–40,3	336 933	1,22	58 609	474,9	4,03	0,70	472,4

Analysis of risk benefits paid *continued*

	REGISTERED – OPEN		REGISTERED – RESTRICTED		REGISTERED – OPEN	REGISTERED – RESTRICTED		BARGAINING COUNCIL SCHEMES				CONSOLIDATED				Average PBPM		
	2001 R'000	%	2001 R'000	%	2000 R'000	2000 R'000	% Change	2001 R'000	%	2000 R'000	% Change	2001 R'000	%	2000 R'000	% Change	2001 R	2000 R	% Change
DENTISTS	822 367	4,43	364 857	4,11	733 956	337 865	10,8	2 876	2,54	54 588	–94,7	1 190 100	4,31	1 126 409	5,7	14,22	13,52	5,2
DENTAL SPECIALISTS	176 766	0,95	69 230	0,78	149 529	64 906	14,7	4 312	3,80	5 818	–25,9	250 308	0,91	220 253	13,6	2,99	2,64	13,2
Maxilla, Facial & Oral Surgeons	71 397	0,38	23 338	0,26	44 148	20 474	46,6	4 232	3,73	1 652	156,2	98 967	0,36	66 274	49,3	1,18	0,80	48,7
Oral Pathologists	141	0,00	46	0,00	13 339	113	–98,6	–	0,00	26	–100,0	187	0,00	13 477	–98,6	0,00	0,16	–98,6
Orthodontists	83 844	0,45	37 305	0,42	73 656	36 698	9,8	77	0,07	3 499	–97,8	121 227	0,44	113 853	6,5	1,45	1,37	6,0
Periodontists	11 071	0,06	4 627	0,05	8 832	3 951	22,8	3	0,00	357	–99,2	15 701	0,06	13 140	19,5	0,19	0,16	19,0
Prosthodontists	10 313	0,06	3 913	0,04	9 554	3 671	7,6	–	0,00	284	–100,0	14 226	0,05	13 509	5,3	0,17	0,16	4,9
ALLIED AND SUPPORT HEALTH PROFESSIONALS	1 129 767	6,08	532 650	5,99	915 214	415 734	24,9	8 194	7,22	59 267	–86,2	1 670 611	6,06	1 390 215	20,2	19,96	16,68	19,7
Podiatrists	3 749	0,02	1 323	0,01	2 900	722	40,0	8	0,01	316	–97,3	5 081	0,02	3 938	29,0	0,06	0,05	28,5
Optometrists	549 197	2,96	232 052	2,61	445 268	179 441	25,1	4 908	4,33	29 307	–83,3	786 157	2,85	654 017	20,2	9,39	7,85	19,7
Physiotherapists	198 792	1,07	77 043	0,87	157 232	76 334	18,1	179	0,16	9 183	–98,0	276 015	1,00	242 749	13,7	3,30	2,91	13,2
Orthoptists	1 811	0,01	2 780	0,03	1 712	624	96,6	1	0,00	1 664	–100,0	4 592	0,02	3 999	14,8	0,05	0,05	14,3
Speech Therapists	26 168	0,14	14 262	0,16	24 745	10 484	14,8	6	0,00	2 624	–99,8	40 436	0,15	37 852	6,8	0,48	0,45	6,4
Psychologists	62 519	0,34	30 459	0,34	82 112	24 066	–12,4	38	0,03	10 570	–99,6	93 016	0,34	116 749	–20,3	1,11	1,40	–20,7
Occupational Therapy	20 970	0,11	21 222	0,24	19 182	6 261	65,8	15	0,01	1 544	–99,1	42 206	0,15	26 987	56,4	0,50	0,32	55,7
Private Nurses	14 426	0,08	11 198	0,13	17 586	10 953	–10,2	6	0,01	543	–98,9	25 630	0,09	29 082	–11,9	0,31	0,35	–12,2
Dieticians	6 649	0,04	1 680	0,02	4 770	1 585	31,1	3	0,00	82	–96,7	8 332	0,03	6 437	29,4	0,10	0,08	28,9
Complementary medicine	13 057	0,07	5 840	0,07	16 873	5 477	–15,4	55	0,05	521	–89,5	18 952	0,07	22 871	–17,1	0,23	0,27	–17,5
Medical Technologists	33 190	0,18	33 024	0,37	45 098	23 504	–3,5	2 961	2,61	1 453	103,8	69 174	0,25	70 054	–1,3	0,83	0,84	–1,7
Other	199 240	1,07	101 766	1,15	97 736	76 282	73,0	14	0,01	1 461	–99,0	301 021	1,09	175 480	71,5	3,60	2,11	70,8
EX–GRATIA PAYMENTS	46 572	0,25	8 972	0,10	34 824	8 860	27,1	3 559	3,14	2 295	55,0	59 102	0,21	45 979	28,5	0,71	0,55	28,0
OTHER BENEFITS	494 186	2,66	286 899	3,23	222 593	146 331	111,7	1 039	0,92	13 944	–92,5	782 124	2,84	382 868	104,3	9,35	4,59	103,4
Appliances (supplied outside hospitals excl prosthesis)	48 065	0,26	31 535	0,35	53 922	41 613	–16,7	113	0,10	7 013	–98,4	79 713	0,29	102 549	–22,3	0,95	1,23	–22,6
Prostheses	230 909	1,24	28 828	0,32	30 339	6 440	606,2	–	0,00	17	–100,0	259 737	0,94	36 796	605,9	3,10	0,44	602,9
Ambulance Services	23 799	0,13	8 463	0,10	17 545	16 063	–4,0	3	0,00	1 800	–99,9	32 264	0,12	35 408	–8,9	0,39	0,42	–9,3
Other	191 413	1,03	218 073	2,45	120 786	82 215	101,7	923	0,81	5 114	–82,0	410 409	1,49	208 115	97,2	4,90	2,50	96,4
CAPITATED PRIMARY CARE	162 594	0,87	129 599	1,46	82 051	6 601	229,6	–	0,00	–	0,0	292 194	1,06	88 652	229,6	3,49	1,06	228,2
TOTAL RISK BENEFITS	18 584 540	100	8 887 676	100	15 596 552	7 817 795	17,3	113 424	100	1 001 356	–88,7	27 585 640	100	24 415 703	12,98	329,61	292,99	12,5

NOTES:

- The 2000 comparative figures have not been restated
- The following registered scheme that failed to submit its results at the time of printing this report was omitted from this particular schedule:
  - Eyethumed Medical Scheme (new scheme – no balances were brought forward)
- Projections were made for Medcor due to failure to submit documents for the 2001 financial year
- PBPM – per beneficiary per month

Analysis of savings benefits paid for the year ended 31 December 2001

	REGISTERED – OPEN		REGISTERED – RESTRICTED		REGISTERED – OPEN	REGISTERED – RESTRICTED		BARGAINING COUNCIL SCHEMES				CONSOLIDATED				Average PBPM		
	2001 R'000	%	2001 R'000	%	2000 R'000	2000 R'000	% Change	2001 R'000	%	2000 R'000	% Change	2001 R'000	%	2000 R'000	% Change	2001 R	2000 R	% Change
TOTAL HOSPITALS	31 636	1,27	7 071	0,90	16 199	15 742	21,2	–		0	–100,0	38 707	1,18	31 941	21,2	0,46	0,38	20,7
PROVINCIAL HOSPITALS	2 209	0,09	1 046	0,13	1 051	960	61,9	–		–	0,0	3 255	0,10	2 011	61,9	0,04	0,02	61,2
Ward fees	1 210	0,05	257	0,03	492	814	12,3	–		–	0,0	1 467	0,04	1 307	12,3	0,02	0,02	11,8
Theatre fees	20	0,00	768	0,10	26	2	2662,1	–		–	0,0	789	0,02	29	2662,1	0,01	0,00	2650,3
Consumables	307	0,01	14	0,00	393	132	–38,8	–		–	0,0	321	0,01	525	–38,8	0,00	0,01	–39,1
Medicines dispensed	672	0,03	6	0,00	139	12	348,8	–		–	0,0	678	0,02	151	348,8	0,01	0,00	346,8
PRIVATE HOSPITALS	29 427	1,18	6 025	0,77	15 148	14 782	18,4	–		0	–100,0	35 452	1,08	29 930	18,4	0,42	0,36	17,9
Ward fees	4 707	0,19	3 358	0,43	5 919	5 573	–29,8	–		–	0,0	8 065	0,25	11 492	–29,8	0,10	0,14	–30,1
Theatre fees	4 869	0,20	329	0,04	1 118	809	169,9	–		–	0,0	5 199	0,16	1 926	169,9	0,06	0,02	168,7
Consumables	11 465	0,46	417	0,05	5 007	7 473	–4,8	–		0	–100,0	11 882	0,36	12 481	–4,8	0,14	0,15	–5,2
Medicines dispensed	8 386	0,34	1 921	0,25	3 104	927	155,7	–		–	0,0	10 307	0,31	4 032	155,7	0,12	0,05	154,6
Global / per diem fee	–	0,00	–	0,00	–	–	0,0	–		–	0,0	–	0,00	–	0,0	0,00	0,00	0,0
MEDICINES	1 125 777	45,10	321 911	41,10	788 034	303 811	32,6	–		160	–100,0	1 447 688	44,15	1 092 004	32,6	17,30	13,10	32,0
Medicines dispensed by Pharmacists	891 682	35,72	240 402	30,70	582 122	239 517	37,8	–		140	–100,0	1 132 084	34,52	821 779	37,8	13,53	9,86	37,2
Medicines dispensed by Practitioners	228 383	9,15	68 091	8,69	205 911	64 293	9,7	–		20	–100,0	296 474	9,04	270 225	9,7	3,54	3,24	9,2
Medicines dispensed by Allied and Support Health Professionals	5 712	0,23	13 417	1,71			100,0	–		–	0,0	19 130	0,58	–	100,0	0,23	0,00	100,0
GENERAL PRACTITIONERS	323 145	12,95	121 547	15,52	294 245	140 263	2,3			51	–100,0	444 692	13,56	434 558	2,3	5,31	5,21	1,9
MEDICAL SPECIALISTS	396 802	15,90	132 955	16,98	359 516	93 758	16,9	–		72	–100,0	529 757	16,15	453 346	16,9	6,33	5,44	16,4
Dermatologists	11 270	0,45	7 429	0,95	9 115	3 164	52,3	–		1	–100,0	18 699	0,57	12 280	52,3	0,22	0,15	51,6
Obstetrics & Gynaecologists	44 947	1,80	13 392	1,71	38 332	12 966	13,7	–		8	–100,0	58 340	1,78	51 306	13,7	0,70	0,62	13,2
Pulmonologists	1 965	0,08	408	0,05	1 667	311	20,0	–		–	0,0	2 374	0,07	1 978	20,0	0,03	0,02	19,5
Physicians	20 707	0,83	7 344	0,94	17 576	9 309	4,3	–		2	–100,0	28 052	0,86	26 887	4,3	0,34	0,32	3,9
Gastroenterologist	1 399	0,06	342	0,04	1 341	265	8,4	–		–	0,0	1 742	0,05	1 606	8,4	0,02	0,02	8,0
Neurologists	4 979	0,20	2 766	0,35	4 055	1 436	41,0	–		1	–100,0	7 745	0,24	5 492	41,0	0,09	0,07	40,4
Cardiologist	8 411	0,34	1 710	0,22	5 840	1 338	41,0	–		1	–100,0	10 121	0,31	7 179	41,0	0,12	0,09	40,4
Psychiatrists	7 381	0,30	3 643	0,47	6 625	2 475	21,1	–		–	0,0	11 024	0,34	9 100	21,1	0,13	0,11	20,6
Medical Oncologists	322	0,01	366	0,05	338	112	53,1	–		0	–100,0	688	0,02	449	53,0	0,01	0,01	52,3
Neuro–surgeons	2 019	0,08	1 493	0,19	2 310	869	10,5	–		0	–100,0	3 511	0,11	3 179	10,4	0,04	0,04	10,0
Nuclear Medicine	3 623	0,15	750	0,10	2 147	178	88,1	–		0	–100,0	4 373	0,13	2 325	88,1	0,05	0,03	87,3
Ophthalmologists	16 558	0,66	10 844	1,38	14 488	4 207	46,6	–		2	–100,0	27 402	0,84	18 697	46,6	0,33	0,22	45,9
Orthopaedic Surgeons	9 904	0,40	7 116	0,91	10 012	3 819	23,1	–		1	–100,0	17 020	0,52	13 832	23,0	0,20	0,17	22,5
Otorhinolaryngologists	9 562	0,38	4 566	0,58	8 829	2 875	20,7	–		2	–100,0	14 128	0,43	11 706	20,7	0,17	0,14	20,2
Paediatricians	21 962	0,88	9 610	1,23	17 942	5 886	32,5	–		1	–100,0	31 572	0,96	23 829	32,5	0,38	0,29	31,9
Paediatric Cardiologists	701	0,03	252	0,03	503	96	59,1	–		–	0,0	953	0,03	599	59,1	0,01	0,01	58,4
Specialists in Physical Medicine	109	0,00	72	0,01	47	25	155,1	–		–	0,0	182	0,01	71	155,1	0,00	0,00	154,0
Plastic & Reconstructive Surgeons	2 184	0,09	1 175	0,15	2 228	556	20,7	–		0	–100,0	3 360	0,10	2 784	20,7	0,04	0,03	20,2
Radiotherapists	1 330	0,05	719	0,09	2 303	655	–30,7	–		0	–100,0	2 049	0,06	2 958	–30,7	0,02	0,04	–31,0
Surgeons	9 235	0,37	2 957	0,38	8 729	3 742	–2,2	–		0	–100,0	12 191	0,37	12 471	–2,2	0,15	0,15	–2,7
Thoracic Surgeons	493	0,02	329	0,04	765	225	–17,0	–		–	0,0	822	0,03	991	–17,0	0,01	0,01	–17,3
Urologists	6 444	0,26	3 917	0,50	5 666	2 372	28,9	–		1	–100,0	10 361	0,32	8 038	28,9	0,12	0,10	28,4
CLINICAL SUPPORT SPECIALISTS																		
Anaesthetists	3 131	0,13	2 060	0,26	6 109	1 484	–31,6	–		–	0,0	5 191	0,16	7 593	–31,6	0,06	0,09	–31,9
Radiologists	77 674	3,11	15 586	1,99	74 385	15 621	3,6	–		19	–100,0	93 260	2,84	90 025	3,6	1,11	1,08	3,2
Pathologists	126 870	5,08	10 281	1,31	117 284	19 552	0,2	–		31	–100,0	137 151	4,18	136 866	0,2	1,64	1,64	–0,2
Laboratory Technologist	1 413	0,06	21 690	2,77	245	121	6215,8	–		–	0,0	23 103	0,70	366	6215,8	0,28	0,00	6188,8
Other	2 205	0,09	2 138	0,27	637	101	488,6	–		–	0,0	4 343	0,13	738	488,6	0,05	0,01	486,1

Analysis of savings benefits paid *continued*

	REGISTERED – OPEN		REGISTERED – RESTRICTED		REGISTERED – OPEN	REGISTERED – RESTRICTED		BARGAINING COUNCIL SCHEMES				CONSOLIDATED				Average PBPM		
	2001 R'000	%	2001 R'000	%	2000 R'000	2000 R'000	% Change	2001 R'000	%	2000 R'000	% Change	2001 R'000	%	2000 R'000	% Change	2001 R	2000 R	% Change
DENTISTS	237 814	9,53	68 402	8,73	195 828	56 107	21,5	–		38	–100,0	306 216	9,34	251 973	21,5	3,66	3,02	21,0
DENTAL SPECIALISTS	35 656	1,43	18 783	2,40	50 260	8 709	–7,7	–		3	–100,0	54 440	1,66	58 972	–7,7	0,65	0,71	–8,1
Maxilla, Facial & Oral Surgeons	5 764	0,23	1 452	0,19	9 758	1 121	–33,7	–		0	–100,0	7 216	0,22	10 879	–33,7	0,09	0,13	–34,0
Oral Pathologists	70	0,00	5	0,00	41	6	61,6	–		–	0,0	76	0,00	47	61,6	0,00	0,00	61,0
Orthodontists	23 423	0,94	12 704	1,62	30 705	6 207	–2,1	–		2	–100,0	36 128	1,10	36 914	–2,1	0,43	0,44	–2,5
Periodontists	3 572	0,14	2 003	0,26	4 822	728	0,4	–		1	–100,0	5 575	0,17	5 551	0,4	0,07	0,07	0,0
Prosthodontists	2 827	0,11	2 619	0,33	4 934	648	–2,5	–		–	0,0	5 446	0,17	5 583	–2,5	0,07	0,07	–2,9
ALLIED AND SUPPORT HEALTH PROFESSIONALS	325 826	13,05	101 356	12,94	304 841	70 572	13,8	–		44	–100,0	427 182	13,03	375 457	13,8	5,10	4,51	13,3
Podiatrists	2 524	0,10	866	0,11	1 663	623	48,3	–		2	–100,0	3 389	0,10	2 288	48,1	0,04	0,03	47,5
Optometrists	223 896	8,97	67 250	8,59	189 182	44 726	24,5	–		25	–100,0	291 146	8,88	233 934	24,5	3,48	2,81	23,9
Physiotherapists	37 660	1,51	14 169	1,81	40 025	10 505	2,6	–		6	–100,0	51 829	1,58	50 536	2,6	0,62	0,61	2,1
Orthoptists	62	0,00	730	0,09	58	14	1002,5	–		–	0,0	792	0,02	72	1002,5	0,01	0,00	997,8
Speech Therapists	6 500	0,26	1 704	0,22	6 794	1 448	–0,5	–		1	–100,0	8 203	0,25	8 244	–0,5	0,10	0,10	–0,9
Psychologists	26 969	1,08	5 560	0,71	26 722	6 147	–1,0	–		7	–100,0	32 528	0,99	32 876	–1,1	0,39	0,39	–1,5
Occupational Therapy	6 878	0,28	1 995	0,25	6 101	1 650	14,5	–		–	0,0	8 874	0,27	7 752	14,5	0,11	0,09	14,0
Private Nurses	1 868	0,07	730	0,09	2 157	649	–7,4	–		–	0,0	2 597	0,08	2 806	–7,4	0,03	0,03	–7,8
Dieticians	2 652	0,11	740	0,09	2 128	489	29,6	–		0	–100,0	3 392	0,10	2 618	29,5	0,04	0,03	29,0
Complementary medicine	7 943	0,32	3 116	0,40	8 439	2 397	2,1	–		2	–100,0	11 059	0,34	10 838	2,0	0,13	0,13	1,6
Medical Technologists	386	0,02	470	0,06	3 536	254	–77,4	–		–	0,0	855	0,03	3 790	–77,4	0,01	0,05	–77,5
Other	8 489	0,34	4 028	0,51	18 034	1 669	–36,5	–		–	0,0	12 517	0,38	19 703	–36,5	0,15	0,24	–36,7
EX–GRATIA PAYMENTS	7	0,00	–	0,00	–	9	–24,1	–		–	0,0	7	0,00	9	–24,1	0,00	0,00	–24,4
OTHER BENEFITS	19 478	0,78	11 149	1,42	24 689	18 538	–29,1	–		8	–100,0	30 627	0,93	43 236	–29,2	0,37	0,52	–29,5
Appliances (supplied outside hospitals excl prosthesis)	7 443	0,30	1 548	0,20	8 236	895	–1,5	–		3	–100,0	8 992	0,27	9 133	–1,6	0,11	0,11	–2,0
Prostheses	410	0,02	518	0,07	275	968	–25,3	–		–	0,0	928	0,03	1 243	–25,3	0,01	0,01	–25,6
Ambulance Services	435	0,02	89	0,01	274	71	51,8	–		–	0,0	524	0,02	345	51,8	0,01	0,00	51,1
Other	11 189	0,45	8 994	1,15	15 904	16 605	–37,9	–		6	–100,0	20 183	0,62	32 514	–37,9	0,24	0,39	–38,2
CAPITATED PRIMARY CARE	–	0,00	–	0,00	–	–	0,0	–		–	0,0	–	0,00	–	0,0	0,00	0,00	0,0
TOTAL SAVINGS BENEFITS	2 496 142	100	783 174	100	2 033 611	707 509	19,6	–		376	–100,0	3 279 316	100	2 741 496	19,62	39,18	32,90	19,1

NOTES:

- The 2000 comparative figures have not been restated
- The following registered scheme that failed to submit its results at the time of printing this report was omitted from this particular schedule:
  - Eyethumed Medical Scheme (new scheme – no balances were brought forward)
- Projections were made for Medcor due to failure to submit documents for the 2001 financial year
- PBPM – per beneficiary per month

Detailed financial results: Registered schemes for the year ended 31 December 2001

Ref. No	Name of Medical Scheme	Members 31/12/01	Beneficiaries 31/12/01	No of Dependants per member	Gross Contributions Income (GCI) R'000	Gross Contributions Income (GCI) PMPM	Gross Administration expenses (RISK +PMSA) R'000	Gross Administration expenses (RISK +PMSA) As % of GCI	Gross Administration expenses (RISK +PMSA) PMPM	Managed Care: Management Services R'000	Managed Care: Management Services As % of GCI	Managed Care: Management Services PMPM	Broker Fees R'000	Nett Reinsurance Results R'000	Nett claims incurred: Nett contributions %	Gross Underwriting Results R'000	Nett Underwriting Results R'000	Profit/(Loss) from Operations R'000	Nett Surplus/ (Deficit) R'000	Nett Assets (Members Funds per BS) R'000	Net Assets Per Regulation 29 R'000	Solvency Ratio %	
REGISTERED SCHEMES – OPEN																							
1496	AllCare Chamber Medical Plan	4 981	13 059	1,62	74 802	1 251	5 571	7,45	93	–	0,00	–	–	(1 818)	87,56	8 959	1 570	1 196	1 291	6 121	6 121	8,18	
1021	Beland Medical Aid Society	5 736	13 692	1,39	94 194	1 368	9 097	9,66	132	2 743	2,91	40	5 104	(1 692)	97,00	2 468	(16 169)	(16 006)	(13 901)	12 659	12 659	13,44	
1252	Bestmed Medical Scheme	19 232	48 579	1,53	324 934	1 408	18 461	5,68	80	7 320	2,25	32	6 124	–	78,84	53 363	21 457	20 394	25 308	28 769	22 503	6,93	
1512	Bonitas Medical Aid Fund	248 824	701 359	1,82	3 137 063	1 051	211 092	6,73	71	90 067	2,87	30	49 232	–	93,88	191 533	(158 858)	(176 327)	21 017	578 305	524 176	16,71	
1034	Cape Medical Plan	3 453	7 706	1,23	41 501	1 002	14 643	35,28	353	556	1,34	13	–	–	100,42	(152)	(15 351)	(15 403)	(1 485)	156 326	145 540	350,69	
1215	Caremed Medical Scheme	69 396	174 545	1,52	747 278	897	108 061	14,46	130	18 875	2,53	23	6 616	(2 597)	74,48	181 911	45 811	40 736	57 329	86 622	81 945	10,97	
1048	Commercial & Industrial Medical Aid Society (CIMAS)	3 837	10 144	1,64	80 026	1 738	5 649	7,06	123	984	1,23	21	801	130	90,85	7 163	(141)	(151)	6 440	81 394	81 394	101,71	
1552	Community Medical Aid Scheme (COMMED)	10 068	29 404	1,92	120 420	997	21 156	17,57	175	2 360	1,96	20	88	–	83,30	20 116	(3 487)	(2 042)	(592)	95 297	84 159	69,89	
1491	Compcare Medical Scheme	12 634	35 823	1,84	192 450	1 269	20 416	10,61	135	2 441	1,27	16	6 367	369	85,40	27 188	(1 668)	(1 860)	4 140	50 597	47 968	24,93	
1125	Discovery Health Medical Scheme	416 095	1 000 913	1,41	5 601 753	1 122	793 226	14,16	159	163 112	2,91	33	35 314	(293 490)	68,23	1 364 858	79 716	65 085	84 551	144 248	144 248	2,58	
1202	Fedsure Health	93 651	246 672	1,63	1 577 703	1 404	243 795	15,45	217	36 363	2,30	32	–	–	70,60	375 474	95 316	54 157	82 356	108 973	103 623	6,57	
1501	Free State Medical Scheme	177	487	1,75	2 080	979	275	13,24	130	–	0,00	–	–	–	77,79	246	(29)	(29)	157	1 039	1 039	49,96	
1554	Genesis Medical Scheme	2 933	10 041	2,42	33 929	964	6 216	18,32	177	–	0,00	–	8	–	66,95	8 515	2 291	2 291	5 885	27 529	27 529	81,14	
1561	Gen–Health Medical Scheme	7 623	19 335	1,54	59 644	652	13 057	21,89	143	–	0,00	–	2 025	(1 662)	47,62	24 845	8 101	8 101	11 037	28 437	28 437	47,68	
1162	Global Health	15 719	39 265	1,50	239 513	1 270	23 116	9,65	123	–	0,00	–	–	–	82,45	33 042	9 926	9 850	15 275	58 614	53 813	22,47	
1466	Good Hope Medical Aid Society	3 611	13 912	2,85	26 705	616	2 095	7,85	48	259	0,97	6	356	80	84,63	4 105	1 475	1 475	3 429	24 153	24 153	90,44	
1537	Hosmed Medical Aid Scheme	38 012	144 020	2,79	443 893	973	40 590	9,14	89	30 605	6,89	67	1 513	(3 153)	75,86	107 175	31 313	9 027	15 467	60 476	60 476	13,62	
1577	Ingwe Health Plan	20 253	37 954	0,87	97 558	401	6 650	6,82	27	6 743	6,91	28	2 208	1 333	76,37	22 846	8 579	5 882	6 501	9 000	9 000	9,22	
1556	KwaZulu–Natal Medical Aid Scheme	3 088	10 823	2,50	45 156	1 219	8 401	18,60	227	3	0,01	0	257	–	45,04	24 819	16 158	14 314	20 426	64 844	64 844	143,60	
1536	Lifemed Medical Scheme	3 294	9 024	1,74	58 611	1 483	5 862	10,00	148	703	1,20	18	1 575	(61)	83,58	9 626	1 426	1 366	3 184	19 395	18 554	31,66	
1142	Medical Expenses Distribution Society (MEDS)	5 903	13 605	1,30	107 113	1 512	12 170	11,36	172	3 696	3,45	52	1 120	–	99,55	454	(16 532)	(19 693)	(10 513)	57 871	46 494	43,41	
1549	Medicover 2000 Medical Aid Scheme	26 820	69 196	1,58	394 765	1 227	35 924	9,10	112	217	0,05	1	3 950	–	53,94	157 548	117 456	118 151	130 000	186 104	186 104	47,14	
1149	Medihelp	110 842	207 261	0,87	2 089 716	1 571	152 590	7,30	115	33 289	1,59	25	6 695	–	95,97	83 445	(109 129)	(111 991)	(72 561)	369 689	369 689	17,69	
1506	Medimed Medical Scheme	5 254	16 033	2,05	70 031	1 111	4 747	6,78	75	955	1,36	15	–	–	92,42	5 308	(394)	(394)	623	9 454	9 454	13,50	
1140	Medshield Medical Scheme	81 871	299 751	2,66	1 138 853	1 159	190 293	16,71	194	58 817	5,16	60	–	(3 342)	69,52	257 971	5 519	(12 071)	(5 708)	81 227	71 846	6,31	
1560	Methealth Openplan Medical Scheme	83 253	209 249	1,51	1 197 563	1 199	92 157	7,70	92	40 858	3,41	41	38 660	–	83,31	172 352	676	(10 556)	9 136	27 525	27 377	2,29	
1486	MSP Sizwe Medical Scheme	79 638	202 985	1,55	1 191 761	1 247	108 733	9,12	114	61 196	5,13	64	1 382	2 381	82,06	213 476	44 547	44 347	58 713	164 581	164 411	13,80	
1087	Munimed	25 992	67 451	1,60	482 175	1 546	74 975	15,55	240	5 023	1,04	16	6 989	–	80,93	91 732	4 745	4 585	21 170	109 168	100 769	20,90	
1166	National Independent Medical Aid Society (NIMAS)	14 109	34 277	1,43	164 782	973	11 285	6,85	67	–	0,00	–	1 805	–	96,20	6 058	(7 033)	(7 148)	(3 300)	19 995	19 995	12,13	
1167	National Medical Plan (NMP)	69 056	160 973	1,33	1 000 889	1 208	77 654	7,76	94	47 219	4,72	57	13 600	806	87,37	119 896	(17 770)	(18 987)	8 876	170 738	170 738	17,06	
1170	NBC Medical Scheme	7 728	20 142	1,61	142 522	1 537	13 617	9,55	147	2 852	2,00	31	3 207	(324)	90,31	13 667	(6 333)	(6 690)	(5 079)	(1 579)	(1 579)	–1,11	
1139	Omnihealth	73 914	215 890	1,92	1 374 001	1 549	120 458	8,77	136	53 107	3,87	60	75 343	(13 995)	83,39	222 606	(40 297)	(52 499)	(32 159)	24 690	23 210	1,69	
1587	Pathfinder Medical Scheme	500	948	0,90	1 676	279	1 817	108,40	303	71	4,21	12	76	(675)	65,84	523	(2 115)	(2 115)	(2 115)	(2 115)	N/A	N/A	a
1546	Pharos Medical Plan	5 530	14 198	1,57	72 868	1 098	9 437	12,95	142	–	0,00	–	784	(1 077)	80,76	14 019	2 721	2 976	3 795	9 872	9 872	13,55	
1242	Pretmed	5 753	13 645	1,37	88 001	1 275	5 177	5,88	75	1 025	1,17	15	118	–	94,37	3 998	(2 322)	(2 510)	(380)	18 354	18 354	20,86	
1454	Pro Sano Medical Scheme	45 509	126 593	1,78	652 623	1 195	62 701	9,61	115	10 007	1,53	18	–	–	87,07	65 825	(6 883)	(4 524)	37 088	258 677	258 677	39,64	
1196	Protea Medical Aid Society	1 921	3 359	0,75	30 798	1 336	3 341	10,85	145	720	2,34	31	–	1 609	89,39	3 213	762	848	2 690	20 195	20 087	65,22	
1285	Protector Health	31 209	84 895	1,72	350 466	936	38 721	11,05	103	5 172	1,48	14	1 721	–	110,03	(34 597)	(80 211)	(84 075)	(21 016)	89 913	89 209	25,45	
1576	ProVia Medical Scheme	18 696	45 819	1,45	249 034	1 110	29 084	11,68	130	–	0,00	–	–	(25 659)	64,07	67 515	12 772	9 725	13 778	20 529	20 529	8,24	
1575	Resolution Health Medical Scheme	7 549	21 394	1,83	52 981	585	15 931	30,07	176	719	1,36	8	–	(576)	53,04	24 081	6 855	6 290	6 417	6 985	6 985	13,18	
1446	Selfmed	19 620	49 330	1,51	258 923	1 100	34 579	13,35	147	10 258	3,96	44	–	–	75,87	58 657	13 820	7 945	16 829	35 696	35 696	13,79	
1141	Spectramed	34 402	117 283	2,41	371 338	900	27 224	7,33	66	6 112	1,65	15	6 907	12 101	88,96	38 097	11 218	8 708	10 690	35 171	35 171	9,47	
1464	Suremed Health	742	1 797	1,42	10 810	1 214	1 945	17,99	218	209	1,94	24	305	(563)	77,93	2 204	(818)	(1 277)	(996)	1 636	1 636	15,14	
1147	Telemed	26 312	63 400	1,41	540 294	1 711	35 385	6,55	112	9 761	1,81	31	–	2 215	87,55	66 966	24 034	23 143	36 755	137 027	134 167	24,83	
1422	Topmed Medical Scheme	25 267	62 364	1,47	414 906	1 368	50 064	12,07	165	13 799	3,33	46	–	–	83,24	65 011	1 148	(648)	3 797	7 830	7 830	1,89	
1148	Visimed Medical Scheme	14 203	31 690	1,23	176 190	1 034	21 258	12,07	125	3 389	1,92	20	5 425	4 727	89,44	16 665	(8 681)	(9 104)	(6 853)	9 536	8 608	4,89	
1249	Vulamed Medical Aid Society	8 948	22 537	1,52	47 713	444	6 412	13,44	60	–	0,00	–	2 210	1 428	99,70	136	(7 059)	(8 016)	(7 400)	(1 946)	(1 946)	–4,08	
1586	X–Press Care Medical Scheme	1 863	6 163	2,31	13 745	615	2 521	18,34	113	93	0,68	4	362	(873)	61,49	4 427	579	219	289	289	N/A	N/A	b
SUB-TOTAL – Registered Open schemes		1 823 896	4 768 076	1,61	25 721 118	1 175	2 803 173	10,90	128	731 699	2,84	33	288 249	(331 229)	81,56	4 222 187	69 149	(103 723)	540 200	3 509 732	3 375 565	13,15	

Detailed financial results: Registered schemes *continued*

Ref. No	Name of Medical Scheme	Members 31/12/01	Beneficiaries 31/12/01	No of Dependants per member	Gross Contributions Income (GCI)		Gross Administration expenses (RISK +PMSA)			Managed Care: Management Services			Broker Fees	Nett Reinsurance Results	Nett claims incurred: Nett contributions	Gross Underwriting Results	Nett Underwriting Results	Profit/(Loss) from Operations	Nett Surplus/ (Deficit)	Nett Assets (Members Funds per BS)	Net Assets Per Regulation 29	Solvency Ratio	
					R'000	PMPM	R'000	As % of GCI	PMPM	R'000	As % of GCI	PMPM	R'000	R'000	%	R'000	R'000	R'000	R'000	R'000	R'000	%	
REGISTERED SCHEMES – RESTRICTED																							
1553	ABI Medical Aid Scheme	1 671	4 608	1,76	27 846	1 389	1 685	6,05	84	976	3,51	49	–	–	86,66	2 774	112	125	565	3 767	3 767	13,53	
1005	AECI Medical Aid Society	8 317	20 794	1,50	110 102	1 103	10 524	9,56	105	1 037	0,94	10	–	–	125,07	(27 606)	(39 168)	(39 226)	(30 005)	88 158	67 971	61,73	
1567	Afrox Medical Aid Society	6 594	16 862	1,56	86 290	1 091	5 951	6,90	75	315	0,36	4	–	–	91,05	6 698	432	168	5 026	25 738	24 754	28,69	
1465	Alliance Midmed Medical Scheme	1 437	4 109	1,86	26 505	1 537	1 723	6,50	100	973	3,67	56	–	(271)	91,05	2 075	(892)	(839)	(677)	1 794	1 794	6,77	
1487	Alpha Group Medical Aid Society	1 544	4 040	1,62	26 154	1 412	2 355	9,01	127	552	2,11	30	–	314	96,51	691	(1 901)	(1 296)	502	14 321	13 957	53,37	
1534	Altron Medical Aid Scheme	6 205	15 141	1,44	97 420	1 308	7 480	7,68	100	824	0,85	11	–	(190)	89,18	7 906	(588)	(726)	4 849	31 462	29 077	29,85	
1011	Ammosal Benefit Society	7	9	0,29	4	53	2	46,92	25	–	0,00	–	–	–	568,32	(21)	(23)	(23)	33	646	646	14405,55	
1012	Anglo American Corporation Medical Scheme (AACMED)	17 810	47 260	1,65	320 949	1 502	25 823	8,05	121	497	0,15	2	–	(270)	82,62	44 553	17 963	18 607	62 589	446 530	386 953	120,57	
1503	AngloGold Medical Scheme (Goldmed)	14 251	37 247	1,61	214 235	1 253	855	0,40	5	–	0,00	–	–	2 141	98,59	3 024	4 310	3 939	5 408	7 587	7 587	3,54	
1571	Anglovaal Group Medical Scheme	5 287	12 709	1,40	91 138	1 437	6 499	7,13	102	499	0,55	8	–	(127)	70,28	20 348	13 224	13 140	16 504	55 807	51 276	56,26	
1013	Aranda Textiles Medical Scheme	323	323	–	186	48	17	9,39	5	–	0,00	–	–	–	84,27	29	12	12	12	47	47	25,50	
1574	Aumed Medical Aid Scheme	2 096	5 436	1,59	34 492	1 371	3 158	9,16	126	143	0,41	6	–	–	86,90	3 385	84	51	2 699	16 741	16 741	48,54	
1279	Bankmed Medical Scheme	80 872	172 291	1,13	956 945	986	66 956	7,00	69	31 395	3,28	32	–	–	94,13	44 925	(53 427)	(54 812)	9 097	486 873	484 818	50,66	
1507	Barloworld Medical Scheme	7 157	17 194	1,40	131 279	1 529	7 318	5,57	85	4 171	3,18	49	–	–	91,45	11 220	(269)	(1 660)	5 042	54 722	54 722	41,68	
1089	Billmed Medical Scheme	1 772	5 493	2,10	33 974	1 598	2 105	6,20	99	188	0,55	9	–	(60)	97,42	875	(1 479)	(1 683)	2 914	32 988	27 717	81,58	
1526	BMW Employees Medical Aid Society	2 911	8 773	2,01	48 037	1 375	2 942	6,12	84	1 488	3,10	43	–	–	83,82	7 771	3 341	3 533	4 495	20 687	17 880	37,22	
1237	BPSA Medical Scheme	2 336	6 195	1,65	26 067	930	396	1,52	14	212	0,81	8	–	369	121,72	(5 662)	(5 900)	(6 425)	(2 956)	27 177	27 177	104,26	
1590	Building & Construction Industry Medical Aid Fund	6 699	14 483	1,16	30 907	384	3 307	10,70	41	–	0,00	–	–	–	80,85	5 918	2 611	2 611	3 476	8 170	8 000	25,88	
1158	Cawmed Medical Scheme	533	720	0,35	4 803	751	1 073	22,33	168	–	0,00	–	–	–	250,22	(7 215)	(8 288)	(8 313)	1 798	53 384	53 384	1111,53	
1042	Chamber of Mines Medical Aid Society	917	1 648	0,80	17 543	1 594	1 019	5,81	93	–	0,00	–	–	–	103,62	(477)	(1 496)	(1 496)	166	31 797	8 608	49,07	
1043	Chartered Accountants (SA) Medical Aid Fund (CAMAF)	16 187	29 440	0,82	226 496	1 166	28 010	12,37	144	2 741	1,21	14	–	(211)	79,46	38 656	7 693	6 598	11 908	45 304	44 257	19,54	
1521	Clicks Group Medical Scheme	2 188	4 822	1,20	14 113	537	1 709	12,11	65	–	0,00	–	–	(100)	83,72	2 236	428	597	1 049	5 486	5 486	38,87	
1570	CSIR Medical Scheme	2 863	6 594	1,30	49 182	1 432	4 715	9,59	137	42	0,08	1	–	(2 395)	84,86	5 821	(1 330)	(1 337)	(6 602)	208 527	208 527	423,99	
1522	Da Gama Medical Aid Scheme	578	1 358	1,35	7 129	1 028	548	7,69	79	–	0,00	–	–	–	101,05	(58)	(605)	(613)	(206)	2 466	2 466	34,59	
1039	DCMed Medical Aid Fund	4 436	11 174	1,52	48 511	911	3 352	6,91	63	2 618	5,40	49	–	–	94,33	2 752	(3 218)	(3 372)	736	9 268	9 268	19,11	
1068	De Beers Benefit Society	9 251	24 224	1,62	122 345	1 102	6 607	5,40	60	1 554	1,27	14	–	–	95,47	5 543	(2 619)	(2 622)	6 735	83 988	83 988	68,65	
1484	Edcon Medical Aid Scheme	4 719	10 381	1,20	47 027	830	4 425	9,41	78	451	0,96	8	–	(343)	99,97	11	(5 207)	(5 143)	(3 687)	5 428	5 367	11,41	
1513	Ellerine Holdings Medical Aid Society	696	1 929	1,77	9 194	1 101	592	6,44	71	67	0,73	8	–	165	109,92	(912)	(1 407)	(1 410)	(633)	7 100	7 100	77,23	
1572	Engen Medical Benefit Fund	3 216	8 715	1,71	54 104	1 402	2 318	4,28	60	793	1,47	21	–	–	95,98	1 850	(1 260)	(1 298)	(87)	14 722	12 971	23,97	
1086	Food Workers Medical Benefit Fund	13 369	31 364	1,35	9 397	59	1 547	16,46	10	843	8,97	5	–	–	49,46	4 749	2 359	2 359	2 800	17 040	15 667	166,72	
1578	Foschini Group Medical Aid Scheme	2 373	5 064	1,13	28 832	1 013	1 916	6,64	67	523	1,81	18	–	(491)	85,63	4 145	1 215	1 041	2 128	8 772	8 772	30,42	
1270	Golden Arrow Employees Medical Benefit Fund	2 114	6 647	2,14	7 288	287	1 589	21,81	63	5 634	77,31	222	–	–	92,37	556	(6 668)	(6 668)	480	2 978	2 584	35,46	
1523	Grintek Electronics Medical Aid Scheme	979	2 515	1,57	16 198	1 379	1 151	7,11	98	–	0,00	–	–	96	81,53	2 725	1 670	1 598	2 878	14 064	14 064	86,82	
1082	Group 5 Medical Scheme	2 405	6 203	1,58	43 379	1 503	3 033	6,99	105	1 083	2,50	38	–	(646)	85,15	5 495	733	541	1 532	16 059	13 549	31,23	
1416	Haggie Medical Scheme	0	–	N/A	15 809	–	1 086	6,87	–	289	1,83	–	–	–	98,85	182	(1 193)	(1 177)	(337)	1 050	N/A	N/A	c
1177	Highveld Medical Scheme	2 903	7 911	1,73	45 969	1 320	1 640	3,57	47	–	0,00	–	–	–	86,68	6 122	4 482	4 372	6 400	32 437	29 270	63,67	
1111	IBM (SA) Medical Aid Society	1 957	4 896	1,50	27 935	1 190	3 461	12,39	147	–	0,00	–	–	(753)	82,55	3 643	(571)	(571)	987	3 771	3 771	13,50	
1559	Imperial Group Medical Scheme	4 831	12 030	1,49	73 837	1 274	3 979	5,39	69	677	0,92	12	–	(79)	85,55	10 267	5 655	4 927	7 054	18 147	16 982	23,00	
1016	Independent Newspapers Medical Aid Scheme	2 710	6 014	1,22	38 411	1 181	2 551	6,64	78	1 730	4,51	53	–	–	97,55	940	(3 342)	(3 489)	(2 081)	8 540	5 993	15,60	
1115	Johannesburg Metropolitan Chamber of Commerce and Industry Medical Aid Society	1 684	3 077	0,83	36 767	1 819	2 932	7,97	145	301	0,82	15	172	16	100,87	(313)	(3 702)	(3 757)	(1 778)	16 303	15 960	43,41	
1116	Jomed Medical Scheme	8 626	18 621	1,16	175 639	1 697	6 630	3,77	64	1 941	1,11	19	–	–	89,81	17 892	9 321	8 783	12 365	31 586	31 449	17,91	
1121	Klerksdorp Medical Benefit Scheme (KDM)	8 312	20 797	1,50	105 646	1 059	3 538	3,35	35	–	0,00	–	–	–	101,24	(1 310)	(4 847)	(4 930)	4 612	45 429	43 774	41,43	
1009	KPMG Medical Aid Society	1 957	2 977	0,52	15 185	647	654	4,31	28	119	0,78	5	–	(1 228)	80,31	2 989	989	977	1 346	4 611	4 611	30,37	
1145	Lamaf Medical Scheme	16 946	39 043	1,30	294 835	1 450	16 657	5,65	82	8 979	3,05	44	–	–	91,96	18 099	(7 537)	(7 718)	(2 935)	15 754	13 700	4,65	
1197	Libcare Medical Scheme	4 557	10 968	1,41	74 204	1 357	4 345	5,86	79	1 408	1,90	26	–	–	88,96	8 194	2 441	2 758	9 621	45 221	45 221	60,94	

Detailed financial results: Registered schemes *continued*

Ref. No	Name of Medical Scheme	Members 31/12/01	Beneficiaries 31/12/01	No of Dependants per member	Gross Contributions Income (GCI) R'000	Gross Contributions Income (GCI) PMPM	Gross Administration expenses (RISK +PMSA) R'000	Gross Administration expenses (RISK +PMSA) As % of GCI	Gross Administration expenses (RISK +PMSA) PMPM	Managed Care: Management Services R'000	Managed Care: Management Services As % of GCI	Managed Care: Management Services PMPM	Broker Fees R'000	Nett Reinsurance Results R'000	Nett claims incurred: Nett contributions %	Gross Underwriting Results R'000	Nett Underwriting Results R'000	Profit/(Loss) from Operations R'000	Nett Surplus/ (Deficit) R'000	Nett Assets (Members Funds per BS) R'000	Net Assets Per Regulation 29 R'000	Solvency Ratio %	
1547	Malcor Medical Scheme	3 954	9 729	1,46	75 603	1 593	3 372	4,46	71	819	1,08	17	–	1 137	90,36	7 287	4 233	4 233	10 406	49 552	47 302	62,57	
1495	Massmart Health Plan	1 692	3 869	1,29	33 706	1 660	2 112	6,27	104	940	2,79	46	–	–	96,18	971	(2 081)	(2 209)	(1 230)	2 839	2 083	6,18	
1588	MEDCOR	37 000	99 000	1,68	791 415	1 782	37 571	4,75	85	–	0,00	–	–	–	91,19	69 702	32 131	32 131	36 480	2 117	2 117	0,27	
1548	Medipos Medical Scheme	11 243	25 052	1,23	193 049	1 431	9 514	4,93	71	1 328	0,69	10	–	–	75,37	37 122	26 280	22 347	81 130	362 166	299 766	155,28	
1568	Medisense Medical Aid Scheme	7 945	17 511	1,20	133 695	1 402	9 880	7,39	104	722	0,54	8	–	–	75,80	25 063	14 460	16 583	19 340	(11 103)	21 116	15,79	d
1535	Metrocare Medical Aid Scheme	3 265	9 471	1,90	64 529	1 647	3 295	5,11	84	619	0,96	16	–	–	86,34	8 813	4 899	4 878	5 061	20 853	16 409	25,43	
1105	Metropolitan Medical Scheme	4 695	12 763	1,72	58 422	1 037	145	0,25	3	1 143	1,96	20	–	–	88,71	6 596	5 308	5 199	7 856	32 608	26 016	44,53	
1569	Minemed Medical Scheme	6 512	15 658	1,40	77 407	991	5 525	7,14	71	333	0,43	4	–	144	77,46	12 171	6 457	6 457	8 243	16 003	16 003	20,67	
1566	Moremed Medical Scheme	4 772	11 185	1,34	38 998	681	6 321	16,21	110	292	0,75	5	–	267	77,38	8 563	2 217	1 619	3 312	10 070	9 491	24,34	
1208	Mutual & Federal Medical Aid Fund	2 601	5 553	1,13	35 545	1 139	2 415	6,80	77	440	1,24	14	–	(119)	77,53	7 764	4 790	4 244	5 823	19 252	19 252	54,16	
1154	Nampak Group Medical Society	5 776	16 266	1,82	93 089	1 343	8 656	9,30	125	1 830	1,97	26	–	–	82,49	14 541	4 055	3 809	7 954	34 330	34 330	36,88	
1241	Naspers Medical Fund	4 088	8 981	1,20	46 679	952	1 962	4,20	40	387	0,83	8	1 124	–	102,69	(1 242)	(4 715)	(4 778)	(748)	42 252	40 487	86,73	
1164	NBS/BOE Group Medical Aid Fund	3 097	7 281	1,35	37 719	1 015	–	0,00	–	1 729	4,58	47	–	(969)	88,57	4 312	1 614	1 614	2 311	11 909	11 909	31,57	
1469	Nedcor Medical Aid Scheme	17 057	38 425	1,25	213 175	1 041	13 350	6,26	65	2 202	1,03	11	–	–	82,55	37 027	21 805	20 463	111 723	531 824	106 058	49,75	
1584	Netcare Medical Scheme	7 359	16 807	1,28	101 194	1 146	8 542	8,44	97	2 247	2,22	25	–	–	75,48	20 883	10 094	8 907	11 469	29 614	29 614	29,26	e
1528	Oilmed	0	–	N/A	11 914	–	1 275	10,71	–	648	5,44	–	–	–	73,09	3 206	1 283	1 283	2 004	–	–	0,00	
1214	Old Mutual Staff Medical Aid Fund	12 968	30 327	1,34	138 249	888	10 876	7,87	70	2 257	1,63	15	–	(71)	83,74	20 369	7 166	6 141	21 021	96 980	88 439	63,97	
1441	Parmed Medical Aid Scheme	1 972	5 569	1,82	48 320	2 042	2 468	5,11	104	–	0,00	–	–	–	104,97	(2 400)	(4 869)	(3 974)	(2 099)	12 550	10 449	21,63	
1515	PG Bison Medical Aid Society	767	1 872	1,44	14 053	1 527	1 385	9,86	151	119	0,85	13	–	–	83,32	2 344	839	583	1 317	8 431	8 431	59,99	
1186	PG Group Medical Aid Scheme	1 241	2 691	1,17	24 999	1 679	1 908	7,63	128	–	0,00	–	–	1 082	90,58	1 762	935	844	2 272	9 812	9 812	39,25	
1563	Pick 'n Pay Medical Scheme	5 359	13 076	1,44	69 862	1 086	7 153	10,24	111	1 332	1,91	21	–	(425)	67,34	17 131	8 221	7 858	9 192	38 957	38 957	55,76	
1583	Platinum Health	9 500	22 062	1,32	64 292	564	4 026	6,26	35	535	0,83	5	–	3 634	96,47	9 007	8 080	8 808	11 523	33 685	33 685	52,39	
1565	Polprismed (Venda Police and Prisons Medical Aid Society)	1 329	4 836	2,64	8 586	538	2 170	25,27	136	–	0,00	–	–	–	28,73	6 120	3 950	3 950	4 105	4 985	4 985	58,06	f
1194	Profmed	21 804	62 592	1,87	276 753	1 058	29 581	10,69	113	1 667	0,60	6	265	–	89,91	27 485	(4 028)	(4 028)	9 199	72 171	59 574	21,53	
1516	Quantum Medical Aid Society	8 207	17 914	1,18	91 872	933	8 232	8,96	84	3 392	3,69	34	–	–	91,39	7 000	(4 624)	(5 181)	5 342	81 579	66 095	71,94	
1201	Rand Water Medical Scheme	2 668	6 563	1,46	41 435	1 294	–	0,00	–	–	0,00	–	–	1 974	94,51	2 277	4 250	4 250	6 528	20 084	20 084	48,47	
1532	Relyant Medical Aid Scheme	1 460	3 422	1,34	20 951	1 196	1 479	7,06	84	352	1,68	20	–	745	107,22	(1 514)	(2 599)	(2 672)	(1 508)	10 720	10 720	51,17	
1430	Remedi Medical Aid Scheme	10 029	25 122	1,50	143 790	1 195	12 575	8,75	104	–	0,00	–	–	(884)	79,35	24 828	11 369	9 880	12 480	17 036	17 036	11,85	
1176	Retail Medical Scheme	3 757	8 095	1,15	55 728	1 236	3 279	5,88	73	1 290	2,31	29	–	452	78,64	10 230	6 113	5 708	7 226	9 946	9 946	17,85	
1209	SA Breweries Medical Aid Society	4 038	10 435	1,58	63 469	1 310	3 989	6,28	82	1 803	2,84	37	–	–	92,94	4 037	(1 755)	(1 938)	(1 430)	14 833	11 079	17,46	
1030	Saammed Medical Scheme	1 967	4 272	1,17	25 984	1 101	3 507	13,50	149	35	0,14	2	–	(423)	72,76	5 522	1 557	1 517	2 624	8 614	8 614	33,15	
1450	SAB Castellion Medical Aid Scheme	1 086	3 151	1,90	8 372	642	1 206	14,40	93	320	3,83	25	–	–	87,09	1 080	(445)	(354)	335	5 810	5 538	66,14	
1424	SABC Medical Aid Scheme	3 870	9 532	1,46	61 375	1 322	2 932	4,78	63	2 087	3,40	45	–	–	93,23	3 226	(1 793)	(1 831)	1 671	33 835	28 447	46,35	
1559	Samancor Health Plan	4 739	15 516	2,27	73 285	1 289	4 908	6,70	86	554	0,76	10	–	(353)	91,59	6 166	351	319	5 827	50 233	50 233	68,54	
1038	SAMWU National Medical Scheme	13 427	42 758	2,18	69 534	432	8 834	12,70	55	–	0,00	–	–	–	66,98	22 026	13 192	12 534	15 812	89 117	88 086	126,68	
1527	Sappi Medical Aid Scheme	4 178	11 155	1,67	69 051	1 377	4 871	7,05	97	–	0,00	–	–	(1 174)	82,03	10 062	4 018	3 757	6 115	16 652	16 652	24,12	
1234	Sasolmed	18 970	58 220	2,07	269 359	1 183	17 020	6,32	75	9 100	3,38	40	–	–	91,11	23 873	(2 248)	(2 017)	5 644	45 996	45 996	17,08	
1531	Sedmed	588	1 674	1,85	3 837	544	86	2,24	12	–	0,00	–	–	–	100,29	(11)	(97)	(97)	186	406	406	10,57	
1243	Siemens Medical Scheme	3 394	8 280	1,44	60 813	1 493	3 696	6,08	91	2 021	3,32	50	–	(482)	83,43	10 077	3 878	3 878	4 636	8 114	8 111	13,34	
1580	South African Police Service Medical Scheme (Polmed)	117 282	331 632	1,83	1 942 963	1 381	115 140	5,93	82	94 783	4,88	67	–	–	81,89	351 818	141 895	141 426	188 736	221 288	220 613	11,35	
1579	Southern Sun Medical Aid Scheme	1 838	3 863	1,10	26 303	1 193	3 174	12,07	144	194	0,74	9	–	(2 488)	55,58	8 936	3 079	3 039	5 175	19 270	19 225	73,09	
1254	Stocksmed Medical Scheme	923	2 405	1,61	15 989	1 444	1 158	7,24	105	519	3,25	47	–	–	84,51	1 856	179	263	2 026	15 647	15 647	97,86	
1544	Tiger Brands Medical Scheme	4 533	10 939	1,41	83 557	1 536	3 874	4,64	71	64	0,08	1	–	–	97,33	2 229	(1 708)	(1 708)	1 956	36 005	34 325	41,08	
1582	Transmed Medical Fund	93 589	209 216	1,24	1 114 443	992	75 608	6,78	67	31 578	2,83	28	–	–	75,19	259 524	152 338	145 604	180 513	244 385	244 385	21,93	
1271	Trawlermen's Medical Fund	1 189	3 103	1,61	2 002	140	536	26,75	38	–	0,00	–	–	–	63,86	748	212	212	304	1 181	1 177	58,76	
1434	Umed	9 690	26 026	1,69	154 522	1 329	8 617	5,58	74	3 691	2,39	32	–	–	99,07	1 558	(10 750)	(11 015)	(2 048)	77 797	77 797	50,35	
1539	Universal Medical Scheme	2	9	3,50	–	–	8	0,00	348	–	0,00	–	–	–	0,00	0	(8)	(8)	2	15	N/A	N/A	g
1520	University of Natal Medical Scheme	2 945	6 659	1,26	29 638	839	2 555	8,62	72	–	0,00	–	–	–	75,37	5 466	2 912	2 912	3 878	20 360	19 631	66,24	
1282	University of the Witwatersrand Staff Medical Aid Scheme	2 857	6 634	1,32	38 885	1 134	2 806	7,22	82	1 733	4,46	51	–	–	89,15	4 219	(320)	(104)	1 613	24 647	22 600	58,12	

Detailed financial results: Registered schemes *continued*

Ref. No	Name of Medical Scheme	Members 31/12/01	Beneficiaries 31/12/01	No of Dependants per member	Gross Contributions Income (GCI) R'000	Gross Contributions Income (GCI) PMPM	Gross Administration expenses (RISK +PMSA) R'000	Gross Administration expenses (RISK +PMSA) As % of GCI	Gross Administration expenses (RISK +PMSA) PMPM	Managed Care: Management Services R'000	Managed Care: Management Services As % of GCI	Managed Care: Management Services PMPM	Broker Fees R'000	Nett Reinsurance Results R'000	Nett claims incurred: Nett contributions %	Gross Underwriting Results R'000	Nett Underwriting Results R'000	Profit/(Loss) from Operations R'000	Nett Surplus/ (Deficit) R'000	Nett Assets (Members Funds per BS) R'000	Net Assets Per Regulation 29 R'000	Solvency Ratio %
1291	Witbank Coalfields Medical Aid Scheme	8 281	23 201	1,80	160 777	1 618	4 359	2,71	44	851	0,53	9	–	–	84,42	18 253	13 044	12 640	19 151	111 044	99 470	61,87
1293	Wooltru Healthcare Fund	8 049	17 757	1,21	74 619	773	8 571	11,49	89	1 367	1,83	14	–	–	79,05	15 274	5 336	5 592	9 624	56 787	40 400	54,14
1253	Xstrata Medical Aid Scheme	2 718	8 779	2,23	30 552	937	2 343	7,67	72	1 562	5,11	48	–	(568)	88,74	3 440	(1 033)	(1 195)	(730)	4 426	3 055	10,00
SUB–TOTAL – Registered Restricted schemes		800 866	1 989 007	1,48	11 256 666	1 171	739 040	6,57	77	253 947	2,26	26	1 561	(2 583)	86,45	1 408 284	411 606	388 511	995 176	4 750 132	4 053 330	36,10
TOTAL REGISTERED SCHEMES		2 624 762	6 757 083	1,57	36 977 784	1 174	3 542 214	9,58	112	985 645	2,67	31	289 809	(333 812)	83,09	5 630 471	480 755	284 787	1 535 376	8 259 864	7 428 895	20,13

NOTES:

a As Pathfinder registered with effect from 9 April 2001 and was not in full operation for 12 months, its solvency ratio is not directly comparable to the rest of the industry

b As X–Press Care Medical Scheme registered with effect from 30 March 2001 and was not in full operation for 12 months, its solvency ratio is not directly comparable to the rest of the industry

c Although Haggie has amalgamated with NMP, some assets are still to be transferred to NMP after December 2001

d A subordinated loan was included in the calculation of the solvency ratio

e As Netcare Medical Scheme registered with effect from 19 December 2000 and was only in full operation for 12 months, its solvency ratio is not directly comparable to the rest of the industry who had to achieve the second year phase in solvency

f Polprismed did not receive contributions for the 2000 financial year

g The solvency ratio for this scheme is not applicable as no contributions were received

- Procure, an unregistered entity, submitted a return for the 2001 financial year. This information was not disclosed in this schedule, but was taken into account for purposes of completeness
- Projections were made for Medcor due to failure to submit documents for the 2001 financial year
- Projections were made in respect of the non–financial data for Clothing Industry Sick Benefit Fund (Natal)
- The following schemes submitted draft financial statements:
  - Discovery Health Medical Scheme
  - Selfmed
  - Polprismed
- The following registered scheme that failed to submit its results at the time of printing this report was omitted from this particular schedule:
  - Eyethumed Medical Scheme (new scheme – no balances were brought forward)
- PMPM – per member per month

DETAILED FINANCIAL INFORMATION: REGISTERED SCHEMES for the year ended 31 December 2001

Ref. No.	Name of Medical Scheme	Beneficiaries			Gross Contribution Income (GCI)						Net claims incurred (incl PMSA claims)						Gross Administration expenses (Incl PMSA & Managed care)						Year End Reserve Position (Per Regulation 29)						Solvency ratio	
		31/12/2001	31/12/2000	% Growth	2001 R'000	2000 R'000	% Growth	PBPM 2001 R	PBPM 2000 R	% Growth	2001 R'000	2000 R'000	% Growth	PBPM 2001 R	PBPM 2000 R	% Growth	2001 R'000	2000 R'000	% Growth	PBPM 2001 R	PBPM 2000 R	% Growth	2001 R'000	2000 R'000	% Growth	PB 2001 R	PB 2000 R	% Growth	2001 %	2000 %
REGISTERED SCHEMES – OPEN																														
1496	AllCare Chamber Medical Plan	13 059	11 117	17	74 802	63 873	17	477	479	0	65 077	56 745	15	415	425	–2	5 571	5 350	4	36	40	–11	6 121	4 830	27	469	434	8	8,18	7,56
1021	Beland Medical Aid Society	13 692	3 081	344	94 194	21 371	341	573	578	–1	87 242	26 658	227	531	721	–26	11 840	3 037	290	72	82	–12	12 659	25 697	–51	925	8 340	–89	13,44	120,24
1252	Bestmed Medical Scheme	48 579	43 846	11	324 934	248 426	31	557	472	18	261 504	235 406	11	449	447	0	25 782	23 406	10	44	44	–1	22 503	(2 805)	902	463	–64	824	6,93	–1,13
1512	Bonitas Medical Aid Fund	701 359	710 947	–1	3 137 063	2 775 325	13	373	325	15	2 950 841	2 532 514	17	351	297	18	301 159	249 779	21	36	29	22	524 176	503 159	4	747	708	6	16,71	18,13
1034	Cape Medical Plan	7 706	9 903	–22	41 501	69 830	–41	449	588	–24	39 974	56 232	–29	432	473	–9	15 199	14 875	2	164	125	31	145 540	147 025	–1	18 887	14 847	27	350,69	210,55
1215	Caremed Medical Scheme	174 545	234 927	–26	747 278	679 685	10	357	241	48	563 034	640 919	–12	269	227	18	126 936	121 846	4	61	43	40	81 945	27 981	193	469	119	294	10,97	4,12
1048	Commercial and Industrial Medical Aid Society (CIMAS)	10 144	13 656	–26	80 026	100 435	–20	657	613	7	71 372	92 356	–23	586	564	4	6 633	8 641	–23	54	53	3	81 394	74 954	9	8 024	5 489	46	101,71	74,63
1552	Community Medical Aid Scheme (COMMED)	29 404	26 306	12	120 420	105 844	14	341	335	2	100 304	98 925	1	284	313	–9	23 515	17 110	37	67	54	23	84 159	84 752	–1	2 862	3 222	–11	69,89	80,07
1491	Compcare Medical Scheme	35 823	32 395	11	192 450	184 150	5	448	474	–5	163 043	157 167	4	379	404	–6	22 857	21 345	7	53	55	–3	47 968	43 828	9	1 339	1 353	–1	24,93	23,80
1125	Discovery Health Medical Scheme	1 000 913	723 119	38	5 601 753	3 541 191	58	466	408	14	4 160 857	2 815 582	48	346	324	7	956 338	581 628	64	80	67	19	144 248	60 166	140	144	83	73	2,58	1,70
1202	Fedsure Health	246 672	393 993	–37	1 577 703	1 408 769	12	533	298	79	1 166 852	1 256 266	–7	394	266	48	280 158	123 312	127	95	26	263	103 623	5 228	1882	420	13	3066	6,57	0,37
1501	Free State Medical Scheme	487	722	–33	2 080	2 572	–19	356	297	20	1 914	2 595	–26	328	299	9	275	261	5	47	30	56	1 039	883	18	2 134	1 222	75	49,96	34,32
1554	Genesis Medical Scheme	10 041	9 560	5	33 929	31 516	8	282	275	2	23 590	21 667	9	196	189	4	6 216	4 799	30	52	42	23	27 529	21 644	27	2 742	2 264	21	81,14	68,68
1561	Gen–Health Medical Scheme	19 335	16 525	17	59 644	49 645	20	257	250	3	31 043	32 965	–6	134	166	–20	13 057	5 963	119	56	30	87	28 437	17 400	63	1 471	1 053	40	47,68	35,05
1162	Global Health	39 265	38 813	1	239 513	199 069	20	508	427	19	201 903	179 758	12	429	386	11	23 116	15 634	48	49	34	46	53 813	38 538	40	1 371	993	38	22,47	19,36
1466	Good Hope Medical Aid Society	13 912	13 224	5	26 705	25 922	3	160	163	–2	22 600	23 619	–4	135	149	–9	2 354	2 112	11	14	13	6	24 153	20 723	17	1 736	1 567	11	90,44	79,95
1537	Hosmed Medical Aid Scheme	144 020	151 499	–5	443 893	394 971	12	257	217	18	336 719	308 481	9	195	170	15	71 196	72 432	–2	41	40	3	60 476	45 009	34	420	297	41	13,62	11,40
1577	Ingwe Health Plan	37 954	18 610	104	97 558	37 091	163	214	166	29	73 986	30 835	140	162	138	18	13 392	4 875	175	29	22	35	9 000	2 499	260	237	134	77	9,22	6,74
1295	Kopano Healthcare	–	37 493	–100		175 718	–100	–	391	–100		168 811	–100	–	375	–100		19 511	–100	–	43	–100		63 995	–100	–	1 707	–100	N/A	36,42
1556	Kwa–Zulu Natal Medical Aid Scheme	10 823	17 715	–39	45 156	64 649	–30	348	304	14	20 337	30 700	–34	157	144	8	8 404	9 157	–8	65	43	50	64 844	44 418	46	5 991	2 507	139	143,60	68,71
1536	Lifemed Medical Scheme	9 024	8 268	9	58 611	47 083	24	541	475	14	48 985	40 996	19	452	413	9	6 564	5 311	24	61	54	13	18 554	15 370	21	2 056	1 859	11	31,66	32,64
1142	Medical Expenses Distribution Society (MEDS)	13 605	17 913	–24	107 113	114 106	–6	656	531	24	104 552	115 544	–10	640	538	19	15 866	12 311	29	97	57	70	46 494	54 296	–14	3 417	3 031	13	43,41	47,58
1549	Medicover 2000 Medical Aid Scheme	69 196	74 879	–8	394 765	275 940	43	475	307	55	194 704	155 583	25	234	173	35	36 141	45 352	–20	44	50	–14	186 104	56 104	232	2 690	749	259	47,14	20,33
1149	Medihelp	207 261	226 973	–9	2 089 716	1 570 811	33	840	577	46	2 005 278	1 451 782	38	806	533	51	185 879	112 644	65	75	41	81	369 689	442 250	–16	1 784	1 948	–8	17,69	28,15
1506	Medimed Medical Scheme	16 033	17 787	–10	70 031	67 980	3	364	318	14	64 723	64 512	0	336	302	11	5 702	5 670	1	30	27	12	9 454	8 678	9	590	488	21	13,50	12,77
1140	Medshield Medical Scheme	299 751	237 458	26	1 138 853	746 491	53	317	262	21	866 571	612 040	42	241	215	12	249 110	172 630	44	69	61	14	71 846	(2 672)	2789	240	–11	2230	6,31	–0,36
1560	Methealth Openplan Medical Scheme	209 249	239 049	–12	1 197 563	995 602	20	477	347	37	1 005 568	934 915	8	400	326	23	133 015	139 521	–5	53	49	9	27 377	14 295	92	131	60	119	2,29	1,44
1486	MSP Sizwe Medical Scheme	202 985	239 699	–15	1 191 761	959 463	24	489	334	47	979 441	934 281	5	402	325	24	169 929	129 888	31	70	45	54	164 411	105 698	56	810	441	84	13,80	11,02
1087	Munimed	67 451	54 147	25	482 175	345 766	39	596	532	12	390 430	333 034	17	482	513	–6	79 998	40 294	99	99	62	59	100 769	77 379	30	1 494	1 429	5	20,90	22,38
1166	National Independent Medical Aid Society (NIMAS)	34 277	32 764	5	164 782	142 404	16	401	362	11	156 151	126 525	23	380	322	18	11 285	9 673	17	27	25	12	19 995	23 836	–16	583	728	–20	12,13	16,74
1167	National Medical Plan (NMP)	160 973	169 910	–5	1 000 889	920 600	9	518	452	15	862 282	788 086	9	446	387	15	124 873	118 839	5	65	58	11	170 738	170 342	0	1 061	1 003	6	17,06	18,50
1170	NBC Medical Scheme	20 142	20 423	–1	142 522	138 874	3	590	567	4	127 858	125 335	2	529	511	3	16 469	19 943	–17	68	81	–16	(1 579)	3 500	–145	–78	171	–146	–1,11	2,52
1139	Omnihealth	215 890	242 250	–11	1 374 001	1 058 418	30	530	364	46	1 140 771	922 012	24	440	317	39	173 565	140 902	23	67	48	38	23 210	55 370	–58	108	229	–53	1,69	5,23
1587	Pathfinder Medical Scheme	948	–	100	1 676		100	147	–	100	1 097		100	96	–	100	1 888		100	166	–	100	N/A	N/A	0	N/A	N/A	0	N/A	N/A [a]
1546	Pharos Medical Plan	14 198	10 098	41	72 868	54 331	34	428	448	–5	58 848	47 985	23	345	396	–13	9 437	6 959	36	55	57	–4	9 872	6 077	62	695	602	16	13,55	11,19
1555	Phila Medical Scheme	–	31 950	–100		95 998	–100	–	250	–100		93 176	–100	–	243	–100		17 175	–100	–	45	–100		2 668	–100	–	84	–100	N/A	2,78
1242	Pretmed	13 645	10 022	36	88 001	76 905	14	537	639	–16	81 181	69 932	16	496	581	–15	6 202	4 683	32	38	39	–3	18 354	10 270	79	1 345	1 025	31	20,86	13,35
1454	Pro Sano Medical Scheme	126 593	131 608	–4	652 623	597 834	9	430	379	13	566 973	555 955	2	373	352	6	72 708	67 200	8	48	43	12	258 677	221 589	17	2 043	1 684	21	39,64	37,07
1196	Protea Medical Aid Society	3 359	4 015	–16	30 798	36 909	–17	764	766	0	27 405	26 143	5	680	543	25	4 061	3 858	5	101	80	26	20 087	17 505	15	5 980	4 360	37	65,22	47,43
1285	Protector Health	84 895	34 533	146	350 466	145 513	141	344	351	–2	378 137	158 716	138	371	383	–3	43 893	7 932	453	43	19	125	89 209	40 317	121	1 051	1 167	–10	25,45	27,71
1576	ProVia Medical Scheme	45 819	44 506	3	249 034	195 594	27	453	366	24	159 338	150 691	6	290	282	3	29 084	24 322	20	53	46	16	20 529	6 751	204	448	152	195	8,24	3,45
1575	Resolution Health Medical Scheme	21 394	2 777	670	52 981	4 672	1034	206	140	47	28 020	3 161	786	109	95	15	16 650	1 260	1221	65	38	72	6 985	569	1128	327	205	59	13,18	12,17
1446	Selfmed Medical Scheme	49 330	39 094	26	258 923	241 920	7	437	516	–15	197 683	187 201	6	334	399	–16	44 837	34 359	30	76	73	3	35 696	18 867	89	724	483	50	13,79	7,80
1141	Spectramed	117 283	74 155	58	371 338	244 632	52	264	275	–4	329 835	192 505	71	234	216	8	33 335	24 613	35	24	28	–14	35 171	24 481	44	300	330	–9	9,47	10,01
1464	Suremed Health	1 797	2 604	–31	10 810	9 500	14	501	304	65	8 425	11 111	–24	391	356	10	2 154	1 866	15	100	60	67	1 636	2 632	–38	911	1 011	–10	15,14	27,70
1147	Telemed	63 400	77 379	–18	540 294	576 784	–6	710	621	14	472 386	555 026	–15	621	598	4	45 147	38 585	17	59	42	43	134 167	97 412	38	2 116	1 259	68	24,83	16,89
1422	Topmed Medical Scheme	62 364	64 515	–3	414 906	383 850	8	554	496	12	347 195	348 377	0	464	450	3	63 863	49 907	28	85	64	32	7 830	4 034	94	126	63	101	1,89	1,05
1148	Visimed Medical Scheme	31 690	40 194	–21	176 190	197 935	–11	463	410	13	158 934	179 007	–11	418	371	13	24 648	31 809	–23	65	66	–2	8 608	15 461	–44	272	385	–29	4,89	7,81
1249	Vulamed Medical Aid Society	22 537	19 678	15	47 713	17 046	180	176	72	144	46 218	13 608	240	171	58	197	6 412	3 042	111	24	13	84	(1 946)	5 455	–136	–86	277	–131	–4,08	32,00

[a] a

DETAILED FINANCIAL INFORMATION: REGISTERED SCHEMES *continued*

Ref. No.	Name of Medical Scheme	Beneficiaries			Gross Contribution Income (GCI)						Net claims incurred (incl PMSA claims)						Gross Administration expenses (Incl PMSA & Managed care)						Year End Reserve Position (Per Regulation 29)						Solvency ratio		
		31/12/2001	31/12/2000	% Growth	2001 R'000	2000 R'000	% Growth	PBPM 2001 R	PBPM 2000 R	% Growth	2001 R'000	2000 R'000	% Growth	PBPM 2001 R	PBPM 2000 R	% Growth	2001 R'000	2000 R'000	% Growth	PBPM 2001 R	PBPM 2000 R	% Growth	2001 R'000	2000 R'000	% Growth	PB 2001 R	PB 2000 R	% Growth	2001 %	2000 %	
1586	X-Press Care Medical Scheme	6 163	–	100	13 745		100	186	–	100	7 987		100	108	–	100	2 614		100	35	–	100	N/A	N/A	0	N/A	N/A	0	N/A	N/A	b
SUB-TOTAL – Registered Open Schemes		4 768 076	4 676 099	1,97	25 721 118	20 443 009	26	450	364	23	21 180 277	17 965 440	18	370	320	16	3 534 872	2 575 619	37	62	46	35	3 375 565	2 728 457	24	708	583	21	13,15	13,35	
REGISTERED SCHEMES – RESTRICTED																															
1553	ABI Medical Aid Scheme	4 608	3 980	16	27 846	18 814	48	504	394	28	22 385	17 339	29	405	363	12	2 662	1 908	40	48	40	21	3 767	3 201	18	817	804	2	13,53	17,02	
1005	AECI Medical Aid Society	20 794	25 848	–20	110 102	121 137	–9	441	391	13	137 708	123 082	12	552	397	39	11 561	9 706	19	46	31	48	67 971	97 976	–31	3 269	3 790	–14	61,73	80,88	
1567	Afrox Medical Aid Society	16 862	13 976	21	86 290	62 021	39	426	370	15	78 573	62 414	26	388	372	4	6 266	4 671	34	31	28	11	24 754	20 228	22	1 468	1 447	1	28,69	32,61	
1465	Alliance Midmed Medical Scheme	4 109	4 443	–8	26 505	31 186	–15	538	585	–8	23 031	28 845	–20	467	541	–14	2 696	2 294	18	55	43	27	1 794	2 471	–27	437	556	–21	6,77	7,92	
1487	Alpha Group Medical Aid Society	4 040	4 399	–8	26 154	27 239	–4	539	516	5	24 655	21 732	13	509	412	24	2 907	2 534	15	60	48	25	13 957	13 771	1	3 455	3 131	10	53,37	50,56	
1534	Altron Medical Aid Scheme	15 141	16 712	–9	97 420	96 705	1	536	482	11	88 941	84 946	5	490	424	16	8 304	8 006	4	46	40	14	29 077	23 406	24	1 920	1 401	37	29,85	24,20	
1011	Ammosal Benefit Society	9	9	0	4	2	84	42	23	84	25	20	26	236	187	26	2	84	–97	19	774	–97	646	614	5	71 804	68 180	5	1440,55	25127,76	
1012	Anglo American Corporation Medical Scheme (AACMED)	47 260	58 084	–19	320 949	339 863	–6	566	488	16	263 887	338 824	–22	465	486	–4	26 320	29 798	–12	46	43	9	386 953	324 364	19	8 188	5 584	47	120,57	95,44	
1503	AngloGold Medical Scheme (Goldmed)	37 247	45 253	–18	214 235	224 971	–5	479	414	16	211 211	138 849	52	473	256	85	855	91 809	–99	2	169	–99	7 587	(1 028)	838	204	–23	996	3,54	–0,46	
1571	Anglovaal Group Medical Scheme	12 709	13 272	–4	91 138	80 094	14	598	503	19	68 134	71 116	–4	447	447	0	6 998	6 601	6	46	41	11	51 276	34 773	47	4 035	2 620	54	56,26	43,41	
1013	Aranda Textiles Medical Scheme	323	527	–39	186	354	–47	48	56	–14	157	317	–50	40	50	–19	17	2	959	5	0	1628	47	36	33	147	68	117	25,50	10,08	
1574	Aumed Medical Aid Scheme	5 436	5 647	–4	34 492	30 908	12	529	456	16	30 144	26 800	12	462	395	17	3 301	2 710	22	51	40	27	16 741	10 736	56	3 080	1 901	62	48,54	34,74	
1279	Bankmed Medical Scheme	172 291	174 855	–1	956 945	847 581	13	463	404	15	890 953	746 745	19	431	356	21	98 351	78 899	25	48	38	27	484 818	479 586	1	2 814	2 743	3	50,66	56,58	
1507	Barloworld Medical Scheme	17 194	18 208	–6	131 279	112 502	17	636	515	24	120 059	118 899	1	582	544	7	11 489	9 685	19	56	44	26	54 722	49 680	10	3 183	2 728	17	41,68	44,16	
1089	Billmed Medical Scheme	5 493	4 652	18	33 974	45 344	–25	515	812	–37	33 098	36 761	–10	502	659	–24	2 294	2 560	–10	35	46	–24	27 717	26 917	3	5 046	5 786	–13	81,58	59,36	
1526	BMW Employees Medical Aid Society	8 773	9 247	–5	48 037	39 776	21	456	358	27	40 266	36 852	9	382	332	15	4 430	3 802	17	42	34	23	17 880	13 385	34	2 038	1 447	41	37,22	33,65	
1237	BPSA Medical Scheme	6 195	6 412	–3	26 067	22 086	18	351	287	22	31 729	27 315	16	427	355	20	607	669	–9	8	9	–6	27 177	30 133	–10	4 387	4 699	–7	104,26	136,43	
1590	Building & Construction Industry Medical Aid Fund	14 483	19 857	–27	30 907	44 926	–31	178	189	–6	24 989	32 248	–23	144	135	6	3 307	4 543	–27	19	19	0	8 000	4 524	77	552	228	142	25,88	10,07	
1158	Cawmed Medical Scheme	720	814	–12	4 803	4 404	9	556	451	23	12 018	10 438	15	1 391	1 069	30	1 073	1 078	0	124	110	13	53 384	50 586	6	74 144	62 145	19	1111,53	1148,58	
1050	CGU Medical Aid Scheme	–	2 542	–100	–	14 119	–100	–	463	–100	–	15 112	–100	–	495	–100	–	1 111	–100	–	36	–100	N/A	1 005	–100	N/A	396	–100	N/A	7,12		
1042	Chamber of Mines Medical Aid Society	1 648	1 921	–14	17 543	15 749	11	887	683	30	17 559	17 736	–1	888	769	15	1 019	985	3	52	43	21	8 608	8 442	2	5 223	4 395	19	49,07	53,60	
1043	Chartered Accountants (SA) Medical Aid Fund (CAMAF)	29 440	31 265	–6	226 496	204 216	11	641	544	18	184 044	175 081	5	521	467	12	30 751	23 596	30	87	63	38	44 257	32 349	37	1 503	1 035	45	19,54	15,84	
1521	Clicks Group Medical Scheme	4 822	4 906	–2	14 113	12 628	12	244	215	14	11 845	11 609	2	205	197	4	1 709	1 512	13	30	26	15	5 486	4 262	29	1 138	869	31	38,87	33,75	
1570	CSIR Medical Scheme	6 594	6 878	–4	49 182	44 371	11	622	538	16	43 570	41 763	4	551	506	9	4 756	4 538	5	60	55	9	208 527	189 340	10	31 624	27 528	15	423,99	426,72	
1522	Da Gama Medical Aid Scheme	1 358	1 455	–7	7 129	6 626	8	437	380	15	6 889	6 530	5	423	374	13	548	474	16	34	27	24	2 466	2 694	–8	1 816	1 851	–2	34,59	40,66	
1039	DCMed Medical Aid Fund	11 174	10 725	4	48 511	33 429	45	362	260	39	45 759	36 025	27	341	280	22	5 970	4 670	28	45	36	23	9 268	51 318	–82	829	4 785	–83	19,11	153,51	h
1068	De Beers Benefit Society	24 224	24 388	–1	122 345	105 985	15	421	362	16	116 803	97 603	20	402	334	20	8 161	7 168	14	28	24	15	83 988	77 047	9	3 467	3 159	10	68,65	72,70	
1484	Edcon Medical Aid Scheme	10 381	10 678	–3	47 027	48 431	–3	378	378	0	46 846	44 612	5	376	348	8	4 876	4 723	3	39	37	6	5 367	9 054	–41	517	848	–39	11,41	18,69	
1513	Ellerine Holdings Medical Aid Society	1 929	1 963	–2	9 194	7 474	23	397	317	25	10 106	7 009	44	437	298	47	659	481	37	28	20	40	7 100	7 734	–8	3 681	3 940	–7	77,23	103,48	
1572	Engen Medical Benefit Fund	8 715	9 015	–3	54 104	48 329	12	517	447	16	52 058	43 907	19	498	406	23	3 110	2 775	12	30	26	16	12 971	13 058	–1	1 488	1 448	3	23,97	27,02	
1420	Finmed Medical Aid Scheme	–	–	0	–	116 894	–100	–	–	0	–	108 379	–100	–	–	0	–	15 589	–100	–	–	0	N/A	–	0	–	N/A	0	N/A	0,00	
1086	Food Workers Medical Benefit Fund	31 364	31 212	0	9 397	8 301	13	25	22	13	4 648	3 581	30	12	10	29	2 389	1 915	25	6	5	24	15 667	10 277	52	500	329	52	166,72	123,81	
1578	Foschini Group Medical Aid Scheme	5 064	5 542	–9	28 832	28 594	1	474	430	10	24 688	20 935	18	406	315	29	2 439	2 454	–1	40	37	9	8 772	6 644	32	1 732	1 199	44	30,42	23,23	
1270	Golden Arrow Employees Medical Benefit Fund	6 647	5 738	16	7 288	8 521	–14	91	124	–26	6 732	7 402	–9	84	107	–21	7 224	836	764	91	12	646	2 584	2 104	23	389	367	6	35,46	24,69	
1523	Grintek Electronics Medical Aid Scheme	2 515	2 472	2	16 198	13 932	16	537	470	14	14 774	12 958	14	490	437	12	1 151	1 236	–7	38	42	–8	14 064	10 039	40	5 592	4 061	38	86,82	72,06	
1082	Group 5 Medical Scheme	6 203	6 271	–1	43 379	39 564	10	583	526	11	36 005	31 635	14	484	420	15	4 116	4 204	–2	55	56	–1	13 549	12 017	13	2 184	1 916	14	31,23	30,37	
1416	Haggie Medical Scheme	–	2 539	–100	15 809	16 781	–6	–	551	–100	15 627	17 289	–10	–	567	–100	1 375	1 464	–6	–	48	–100	N/A	8 337	–100	N/A	3 284	–100	N/A	49,68	c
1177	Highveld Medical Scheme	7 911	8 878	–11	45 969	45 759	0	484	430	13	39 847	43 409	–8	420	407	3	1 640	1 333	23	17	13	38	29 270	22 871	28	3 700	2 576	44	63,67	49,98	
1111	IBM (SA) Medical Aid Society	4 896	4 892	0	27 935	23 572	19	475	402	18	24 965	21 518	16	425	367	16	3 461	2 831	22	59	48	22	3 771	100 045	–96	770	20 451	–96	13,50	424,42	h
1431	ICS Medical Aid Society	–	1 996	–100	–	13 812	–100	–	577	–100	–	15 928	–100	–	665	–100	–	1 506	–100	–	63	–100	N/A	3 499	–100	N/A	1 753	–100	N/A	25,34		
1559	Imperial Group Medical Scheme	12 030	11 504	5	73 837	54 781	35	511	397	29	62 917	49 764	26	436	360	21	4 656	3 750	24	32	27	19	16 982	10 935	55	1 412	951	49	23,00	19,96	
1016	Independent Newspapers Medical Aid Scheme	6 014	6 926	–13	38 411	37 989	1	532	457	16	37 471	40 689	–8	519	490	6	4 282	3 836	12	59	46	29	5 993	8 611	–30	997	1 243	–20	15,60	22,67	
1573	JCI Medical Aid Scheme	–	3 459	–100	–	32 302	–100	–	778	–100	–	21 241	–100	–	512	–100	–	1 491	–100	–	36	–100	N/A	60	–100	N/A	17	–100	N/A	0,19		

Ref. No.	Name of Medical Scheme	Beneficiaries			Gross Contribution Income (GCI)						Net claims incurred (incl PMSA claims)						Gross Administration expenses (Incl PMSA & Managed care)						Year End Reserve Position (Per Regulation 29)						Solvency ratio		
		31/12/2001	31/12/2000	% Growth	2001 R'000	2000 R'000	% Growth	PBPM 2001 R	PBPM 2000 R	% Growth	2001 R'000	2000 R'000	% Growth	PBPM 2001 R	PBPM 2000 R	% Growth	2001 R'000	2000 R'000	% Growth	PBPM 2001 R	PBPM 2000 R	% Growth	2001 R'000	2000 R'000	% Growth	PB 2001 R	PB 2000 R	% Growth	2001 %	2000 %	
1115	Johannesburg Metropolitan Chamber of Commerce and Industry Medical Aid Society	3 077	3 782	–19	36 767	37 986	–3	996	837	19	36 831	38 075	–3	997	839	19	3 233	3 185	2	88	70	25	15 960	17 738	–10	5 187	4 690	11	43,41	46,70	
1116	Jomed Medical Scheme	18 621	19 744	–6	175 639	162 429	8	786	686	15	157 747	152 495	3	706	644	10	8 571	7 734	11	38	33	17	31 449	19 084	65	1 689	967	75	17,91	11,75	
1121	Klerksdorp Medical Benefit Society (KDM)	20 797	23 255	–11	105 646	96 644	9	423	346	22	106 956	103 671	3	429	372	15	3 538	3 439	3	14	12	15	43 774	39 162	12	2 105	1 684	25	41,43	40,52	
1009	KPMG Medical Aid Society	2 977	2 534	17	15 185	10 799	41	425	355	20	12 195	10 938	11	341	360	–5	773	316	144	22	10	108	4 611	3 265	41	1 549	1 289	20	30,37	30,24	
1145	Lamaf Medical Scheme	39 043	40 098	–3	294 835	256 669	15	629	533	18	262 623	223 700	17	561	465	21	25 636	23 448	9	55	49	12	13 700	16 668	–18	351	416	–16	4,65	6,49	
1197	Libcare Medical Scheme	10 968	10 385	6	74 204	60 336	23	564	484	16	66 010	59 460	11	502	477	5	5 753	4 220	36	44	34	29	45 221	35 600	27	4 123	3 428	20	60,94	59,00	
1547	Malcor Medical Scheme	9 729	9 905	–2	75 603	75 302	0	648	634	2	68 316	63 009	8	585	530	10	4 191	4 930	–15	36	41	–13	47 302	41 080	15	4 862	4 147	17	62,57	54,55	
1495	Massmart Health Plan	3 869	7 024	–45	33 706	34 812	–3	726	413	76	31 908	33 311	–4	687	395	74	3 052	3 159	–3	66	37	75	2 083	5 906	–65	538	841	–36	6,18	16,97	
1588	MEDCOR	99 000	97 687	1	791 415	538 792	47	666	460	45	721 713	591 986	22	608	505	20	37 571	36 491	3	32	31	2	2 117	(83 597)	103	21	–856	102	0,27	–15,52	
1548	Medipos Medical Scheme	25 052	27 443	–9	193 049	168 825	14	642	513	25	153 493	147 864	4	511	449	14	10 842	10 479	3	36	32	13	299 766	231 673	29	11 966	8 442	42	155,28	137,23	
1568	Medisense Medical Aid Scheme	17 511	19 017	–8	133 695	117 642	14	636	516	23	105 210	100 162	5	501	439	14	10 603	9 297	14	50	41	24	21 116	2 005	953	1 206	105	1044	15,79	1,70	d
1423	Medsure Medical Aid Scheme	–	2 536	–100	–	12 542	–100	–	412	–100	–	10 232	–100	–	336	–100	–	1 146	–100	–	38	–100	–	3 337	–100	–	1 316	–100	N/A	26,61	
1535	Metrocare Medical Aid Scheme	9 471	11 385	–17	64 529	52 604	23	568	385	47	55 716	51 257	9	490	375	31	3 914	3 573	10	34	26	32	16 409	11 349	45	1 733	997	74	25,43	21,57	
1105	Metropolitan Medical Scheme	12 763	13 909	–8	58 422	52 714	11	381	316	21	51 826	53 967	–4	338	323	5	1 288	1 224	5	8	7	15	26 016	18 160	43	2 038	1 306	56	44,53	34,45	
1569	Minemed Medical Scheme	15 658	13 893	13	77 407	52 515	47	412	315	31	59 960	42 948	40	319	258	24	5 858	4 096	43	31	25	27	16 003	7 760	106	1 022	559	83	20,67	14,78	
1566	Moremed Medical Scheme	11 185	11 502	–3	38 998	33 615	16	291	244	19	30 259	29 602	2	225	214	5	6 613	6 350	4	49	46	7	9 491	6 758	40	849	588	44	24,34	20,10	
1435	Murray & Roberts Medical aid Society	–	–	0	–	22 542	–100	–	–	0	–	22 209	–100	–	–	0	–	3 119	–100	–	–	0	N/A	–	0	N/A	–	0	N/A	0,00	
1208	Mutual & Federal Medical Aid Fund	5 553	4 254	31	35 545	26 565	34	533	520	3	27 732	21 886	27	416	429	–3	2 855	2 109	35	43	41	4	19 252	13 429	43	3 467	3 157	10	54,16	50,55	
1154	Nampak Group Medical Society	16 266	17 442	–7	93 089	88 492	5	477	423	13	77 502	78 310	–1	397	374	6	10 487	8 164	28	54	39	38	34 330	22 710	51	2 111	1 302	62	36,88	25,66	
1241	Naspers Medical Fund	8 981	9 192	–2	46 679	39 525	18	433	358	21	47 901	43 132	11	444	391	14	2 349	202	1065	22	2	1092	40 487	36 098	12	4 508	3 927	15	86,73	91,33	
1164	NBS/BOE Group Medical Aid Fund	7 281	7 484	–3	37 719	33 479	13	432	373	16	33 407	31 506	6	382	351	9	1 729	–	100	20	–	100	11 909	9 598	24	1 636	1 283	28	31,57	28,67	
1469	Nedcor Medical Aid Scheme	38 425	37 716	2	213 175	172 834	23	462	382	21	176 525	159 478	11	383	352	9	15 552	13 121	19	34	29	16	106 058	428 105	–75	2 760	11 351	–76	49,75	247,70	h
1584	Netcare Medical Scheme	16 807	–	100	101 194	–	100	502	–	100	79 279	–	100	393	–	100	10 789	–	100	53	–	100	29 614	N/A	100	1 762	N/A	100	29,26	N/A	e
1528	Oilmed	–	19 157	–100	11 914	44 806	–73	–	195	–100	8 707	32 617	–73	–	142	–100	1 923	5 584	–66	–	24	–100	–	7 948	–100	–	415	–100	0,00	17,74	
1214	Old Mutual Staff Medical Aid Fund	30 327	29 799	2	138 249	127 607	8	380	357	6	117 752	116 460	1	324	326	–1	13 132	11 932	10	36	33	8	88 439	72 234	22	2 916	2 424	20	63,97	56,61	
1441	Parmed Medical Aid Scheme	5 569	5 815	–4	48 320	44 479	9	723	637	13	50 721	41 221	23	759	591	28	2 468	2 063	20	37	30	25	10 449	11 915	–12	1 876	2 049	–8	21,63	26,79	
1515	PG Bison Medical Aid Society	1 872	2 001	–6	14 053	13 798	2	626	575	9	11 710	9 623	22	521	401	30	1 505	925	63	67	39	74	8 431	7 114	19	4 504	3 555	27	59,99	51,55	
1186	PG Group Medical Aid Scheme	2 691	2 931	–8	24 999	22 528	11	774	641	21	22 101	22 782	–3	684	648	6	1 908	1 907	0	59	54	9	9 812	7 540	30	3 646	2 573	42	39,25	33,47	
1184	Philips Medical Scheme	–	–	0	–	2 399	–100	–	–	0	–	2 202	–100	–	–	0	–	253	–100	–	–	0	N/A	–	0	N/A	–	0	N/A	0,00	
1563	Pick 'n Pay Medical Scheme	13 076	13 825	–5	69 862	65 926	6	445	397	12	52 902	52 360	1	337	316	7	8 485	6 909	23	54	42	30	38 957	27 470	42	2 979	1 987	50	55,76	41,67	
1583	Platinum Health	22 062	18 737	18	64 292	99 362	–35	243	442	–45	61 157	95 299	–36	231	424	–45	4 561	4 734	–4	17	21	–18	33 685	5 702	491	1 527	304	402	52,39	5,74	h
1565	Polprismed (Venda Police and Prisons Medical Aid Society)	4 836	903	436	8 586	–	100	148	–	100	2 466	12	21188	43	1	3875	2 170	907	139	37	84	–55	4 985	N/A	100	1 031	N/A	100	58,06	N/A	f
1485	Premier Medical Plan	–	–	0	–	71 508	–100	–	–	0	–	63 558	–100	–	–	0	–	8 798	–100	–	–	0	–	–	0	–	–	0	N/A	0,00	
1194	Profmed	62 592	61 019	3	276 753	221 002	25	368	302	22	245 435	188 399	30	327	257	27	31 248	25 870	21	42	35	18	59 574	48 886	22	952	801	19	21,53	22,12	
1516	Quantum Medical Aid Society	17 914	16 463	9	91 872	76 310	20	427	386	11	80 166	66 532	20	373	337	11	11 624	10 375	12	54	53	3	66 095	73 764	–10	3 690	4 481	–18	71,94	96,66	h
1201	Rand Water Medical Scheme	6 563	6 355	3	41 435	34 995	18	526	459	15	39 158	38 442	2	497	504	–1	–	304	–100	–	4	–100	20 084	13 555	48	3 060	2 133	43	48,47	38,74	
1532	Relyant Medical Aid Scheme	3 422	4 709	–27	20 951	21 798	–4	510	386	32	22 464	25 241	–11	547	447	22	1 831	2 387	–23	45	42	6	10 720	12 228	–12	3 133	2 597	21	51,17	56,10	
1430	Remedi Medical Aid Scheme	25 122	21 901	15	143 790	110 796	30	477	422	13	117 741	101 324	16	391	386	1	12 575	8 229	53	42	31	33	17 036	4 556	274	678	208	226	11,85	4,11	
1176	Retail Medical Scheme	8 095	8 486	–5	55 728	51 170	9	574	502	14	44 885	49 873	–10	462	490	–6	4 569	5 266	–13	47	52	–9	9 946	2 721	266	1 229	321	283	17,85	5,32	
1209	SA Breweries Medical Aid Society	10 435	11 301	–8	63 469	52 727	20	507	389	30	58 417	54 423	7	467	401	16	5 792	5 456	6	46	40	15	11 079	12 509	–11	1 062	1 107	–4	17,46	23,72	
1210	SA Eagle Medical Aid Society	–	1 994	–100	–	10 593	–100	–	443	–100	–	11 587	–100	–	484	–100	–	859	–100	–	36	–100	N/A	4 503	–100	N/A	2 258	–100	N/A	42,51	
1030	Saammed Medical Scheme	4 272	3 344	28	25 984	17 774	46	507	443	14	20 844	17 488	19	407	436	–7	3 542	1 402	153	69	35	98	8 614	5 771	49	2 016	1 726	17	33,15	32,47	
1450	SAB Castellion Medical Aid Scheme	3 151	3 251	–3	8 372	7 848	7	221	201	10	7 292	7 469	–2	193	191	1	1 526	1 283	19	40	33	23	5 538	5 203	6	1 757	1 600	10	66,14	66,29	
1424	SABC Medical Aid Scheme	9 532	9 816	–3	61 375	59 423	3	537	504	6	54 218	50 795	7	474	431	10	5 019	4 702	7	44	40	10	28 447	26 776	6	2 984	2 728	9	46,35	45,06	
1557	Samancor Health Plan	15 516	20 354	–24	73 285	79 751	–8	394	327	21	67 119	79 970	–16	360	327	10	5 462	6 005	–9	29	25	19	50 233	39 091	29	3 237	1 921	69	68,54	49,02	
1038	SAMWU National Medical Scheme	42 758	40 866	5	69 534	48 944	42	136	100	36	46 572	33 060	41	91	67	35	8 834	7 275	21	17	15	16	88 086	69 386	27	2 060	1 698	21	126,68	141,77	
1527	Sappi Medical Aid Scheme	11 155	11 532	–3	69 051	63 648	8	516	460	12	58 503	57 152	2	437	413	6	4 871	4 822	1	36	35	4	16 652	10 536	58	1 493	914	63	24,12	16,55	
1234	Sasolmed	58 220	36 102	61	269 359	195 198	38	386	451	–14	245 140	184 511	33	351	426	–18	26 120	14 115	85	37	33	15	45 996	30 401	51	790	842	–6	17,08	15,57	
1531	Sedmed	1 674	1 499	12	3 837	1 965	95	191	109	75	3 849	1 965	96	192	109	75	86	14	532	4	1	466	406	220	85	242	146	65	10,57	11,17	
1243	Siemens Medical Scheme	8 280	8 823	–6	60 813	47 911	27	612	453	35	50 736	43 845	16	511	414	23	5 717	3 443	66	58	33	77	8 111	3 475	133	980	394	149	13,34	7,25	
1580	South African Police Service Medical Scheme (Polmed)	331 632	325 940	2	1 942 963	1 603 995	21	488	410	19	1 591 145	1 435 374	11	400	367	9	209 923	155 311	35	53	40	33	220 613	31 877	592	665	98	580	11,35	1,99	
1579	Southern Sun Medical Aid Scheme	3 863	3 574	8	26 303	23 630	11	567	551	3	16 627	17 394	–4	359	406	–12	3 369	3 242	4	73	76	–4	19 225	14 050	37	4 977	3 931	27	73,09	59,46	
1254	Stocksmed Medical Scheme	2 405	2 901	–17	15 989	17 627	–9	554	506	9	13 242	14 535	–9	459	418	10	1 677	1 709	–2	58	49	18	15 647	13 621	15	6 506	4 695	39	97,86	77,27	
1544	Tiger Brands Medical Scheme	10 939	10 009	9	83 557	56 004	49	637	466	37	81 328	49 013	66	620	408	52	3 938	2 376	66	30	20	52	34 325	24 120	42	3 138	2 410	30	41,08	43,07	

Ref. No.	Name of Medical Scheme	Beneficiaries			Gross Contribution Income (GCI)						Net claims incurred (incl PMSA claims)						Gross Administration expenses (Incl PMSA & Managed care)						Year End Reserve Position (Per Regulation 29)						Solvency ratio	
		31/12/2001	31/12/2000	% Growth	2001 R'000	2000 R'000	% Growth	PBPM 2001 R	PBPM 2000 R	% Growth	2001 R'000	2000 R'000	% Growth	PBPM 2001 R	PBPM 2000 R	% Growth	2001 R'000	2000 R'000	% Growth	PBPM 2001 R	PBPM 2000 R	% Growth	2001 R'000	2000 R'000	% Growth	PB 2001 R	PB 2000 R	% Growth	2001 %	2000 %
1538	Toyomed The Toyota Medical Society	–	9 368	–100	–	60 554	–100	–	539	–100	–	54 128	–100	–	481	–100	–	4 605	–100	–	41	–100	–	3 060	–100	–	327	–100	N/A	5,05
1582	Transmed Medical Fund	209 216	232 372	–10	1 114 443	1 075 170	4	444	386	15	875 686	1 008 812	–13	349	362	–4	107 186	106 747	0	43	38	12	244 385	(90 912)	369	1 168	–391	399	21,93	–8,46
1271	Trawlermen's Medical Fund	3 103	3 148	–1	2 002	2 173	–8	54	58	–7	1 279	1 856	–31	34	49	–30	536	609	–12	14	16	–11	1 177	756	56	379	240	58	58,76	34,77
1434	Umed	26 026	25 898	0	154 522	146 124	6	495	470	5	153 035	143 805	6	490	463	6	12 308	9 305	32	39	30	32	77 797	79 846	–3	2 989	3 083	–3	50,35	54,64
1539	Universal Medical Scheme	9	11	–18	–		0	–	–	0	(0)	1	–161	–3	4	–175	8	8	3	77	61	26	N/A	N/A	0	N/A	N/A	0	N/A	N/A g
1520	University of Natal Medical Scheme	6 659	6 727	–1	29 638	24 887	19	371	308	20	22 809	24 508	–7	285	304	–6	2 555	2 539	1	32	31	2	19 631	15 414	27	2 948	2 291	29	66,24	61,94
1282	University of the Witwatersrand Staff Medical Aid Scheme	6 634	6 741	–2	38 885	37 484	4	488	463	5	34 666	29 378	18	435	363	20	4 538	3 044	49	57	38	51	22 600	16 154	40	3 407	2 396	42	58,12	43,10
1291	Witbank Coalfields Medical Aid Scheme	23 201	25 369	–9	160 777	137 111	17	577	450	28	130 370	148 274	–12	468	487	–4	5 209	4 272	22	19	14	33	99 470	88 213	13	4 287	3 477	23	61,87	64,34
1293	Wooltru Healthcare Fund	17 757	17 898	–1	74 619	66 829	12	350	311	13	60 262	41 317	46	283	192	47	9 938	8 117	22	47	38	23	40 400	30 776	31	2 275	1 720	32	54,14	46,05
1253	X-Strata Medical Aid Scheme	8 779	8 966	–2	30 552	28 570	7	290	266	9	27 112	24 570	10	257	228	13	3 905	3 873	1	37	36	3	3 055	3 785	–19	348	422	–18	10,00	13,25
SUB-TOTAL – Registered Restricted Schemes		1 989 007	2 053 452	–3,14	11 256 666	10 154 165	11	472	412	14	9 765 843	9 325 632	5	409	378	8	992 987 8,82%	957 208 9,43%	4	42	39	7	4 053 330	3 397 254	19	2 038	1 654	23	36,10	34,17
TOTAL REGISTERED SCHEMES		6 757 083	6 729 551	0,41	36 977 784	30 597 175	20,85	456	379	20	30 946 120	27 291 072	13,39	382	338	13	4 527 859	3 532 828	28,17	56	44	28	7 428 895	6 125 711	21	1 099	910	21	20,13	20,16

NOTES:

a As Pathfinder registered with effect from 9 April 2001 and was not in full operation for 12 months, its solvency ratio is not directly comparable to the rest of the industry

b As X-Press Care Medical Scheme registered with effect from 30 March 2001 and was not in full operation for 12 months, its solvency ratio is not directly comparable to the rest of the industry

c Although Haggie has amalgamated with NMP, some assets are still to be transferred to NMP after December 2001

d A subordinated loan was included in the calculation of the solvency ratio

e As Netcare Medical Scheme registered with effect from 19 December 2000 and was only in full operation for 12 months, its solvency ratio is not directly comparable to the rest of the industry who had to achieve the second year phase in solvency

f Polprismed did not receive contributions for the 2000 financial year

g The solvency ratio for this scheme is not applicable as no contributions were received

h The solvency ratios for these schemes changed materially due to reclassification of reserves

- Procure, an unregistered entity, submitted a return for the 2001 financial year. This information was not disclosed in this schedule, but was taken into account for purposes of completeness
- The 2000 closing balance for the following registered schemes that failed to submit documents for 2001 financial year was brought forward:
  - Eyethumed Medical Scheme (new scheme – no balances were brought forward)
- Projections were made for Medcor due to failure to submit documents for the 2001 financial year
- The 2000 comparative figures have been restated due to the following:

1. Due to failure to submit documents for the 2000 financial year, the 1999 closing balances that were brought forward for the following schemes in 2000 were corrected in this report in order to reflect the latest data as per the comparative data in their 2001 Annual Financial Statements:
   - CGU
   - Edcon
   - Wooltru
   - Polprismed
2. Pretmed was reclassified to the open schemes group
3. CTP was liquidated during the year and as a result of failure to submit data since 1999, the 1999 balances brought forward in the 2000 Annual Report were removed from the 2000 comparative figures
4. Due to Medcor and Building & Construction Industry Medical Aid Fund registration during the year, the 2000 balances were reclassified from the Bargaining Council Schemes to Registered Restricted Schemes for comparative reasons

- There will be no 2001 figures for the colour coded schemes due to :
  - Schemes liquidating during the year
  - Scheme amalgamating with other schemes during the year
- There will be no 2000 figures for the colour coded schemes due to :
  - Schemes registered for the first time during the year
  - Therefore the solvency ratios are not directly comparable to the rest of the industry
- PBPM – per beneficiary per month
- PM – per beneficiary

Open medical schemes with a solvency below 10% at the end of 2000 and their solvency movement at end of 2001

Ref. No.	Name of Medical Scheme	Gross Contribution Income (GCI)		Net claims incurred (incl PMSA claims)		Gross Administration expenses (Incl PMSA & Managed care)			Year End Reserve Position (Per Regulation 29)				Solvency ratio	
		PBPM 2001 R	% Growth	PBPM 2001 R	% Growth	As % of GCI 2001	PBPM 2001 R	% Growth	2001 R'000	2000 R'000	PB 2001 R	% Growth	2001 %	2000 %
REGISTERED SCHEMES – OPEN														
1252	Bestmed Medical Scheme	557	18	449	0	8	44	–1	22 503	(2 805)	463	824	6,93	–1,13
1140	Medshield Medical Scheme	317	21	241	12	22	69	14	71 846	(2 672)	240	2230	6,31	–0,36
1202	Fedsure Health	533	79	394	48	18	95	263	103 623	5 228	420	3066	6,57	0,37
1422	Topmed Medical Scheme	554	12	464	3	15	85	32	7 830	4 034	126	101	1,89	1,05
1560	Methealth Openplan Medical Scheme	477	37	400	23	11	53	9	27 377	14 295	131	119	2,29	1,44
1125	Discovery Health Medical Scheme	466	14	346	7	17	80	19	144 248	60 166	144	73	2,58	1,70
1170	NBC Medical Scheme	590	4	529	3	12	68	–16	(1 579)	3 500	–78	–146	–1,11	2,52
1555	Phila Medical Scheme	–	–100	–	–100	0	–	–100		2 668	–	–100	N/A	2,78
1576	ProVia Medical Scheme	453	24	290	3	12	53	16	20 529	6 751	448	195	8,24	3,45
1215	Caremed Medical Scheme	357	48	269	18	17	61	40	81 945	27 981	469	294	10,97	4,12
1139	Omnihealth	530	46	440	39	13	67	38	23 210	55 370	108	–53	1,69	5,23
1577	Ingwe Health Plan	214	29	162	18	14	29	35	9 000	2 499	237	77	9,22	6,74
1496	AllCare Chamber Medical Plan	477	0	415	–2	7	36	–11	6 121	4 830	469	8	8,18	7,56
1446	Selfmed Medical Scheme	437	–15	334	–16	17	76	3	35 696	18 867	724	50	13,79	7,80
1148	Visimed Medical Scheme	463	13	418	13	14	65	–2	8 608	15 461	272	–29	4,89	7,81

NOTES:

- PBPM – per beneficiary per month
- PM – per beneficiary

DETAILED FINANCIAL RESULTS: REGISTERED SCHEMES as at 31 December 2001

Ref. No.	Name of Medical Scheme	Accounts Receivable		Accounts Payable		Outstanding Claims Provision			Investments						Gross Claims incurred
		R'000	Days Outstanding	R'000	Days Outstanding	R'000	Prior year claims provision utilised %	Covering Net Claims Months	Cash and Cash Equivalents R'000	Bonds R'000	Equities R'000	Properties R'000	Insurance Policy R'000	Other R'000	Cash and Cash equivalents Coverage Months
REGISTERED SCHEMES – OPEN															
1496	AllCare Chamber Medical Plan	10 302	50,27	3 183	17,85	4 500	109,46	0,86	4 269	–	–	–	–	–	0,79
1021	Beland Medical Aid Society	6 463	25,04	5 006	20,95	10 025	71,53	1,51	18 288	2 600	68	–	5 286	0	2,52
1252	Bestmed Medical Scheme	6 784	7,62	37 016	51,67	11 000	0,00	0,66	83 638	1 146	1 469	–	–	5 557	3,84
1512	Bonitas Medical Aid Fund	66 655	7,76	224 008	27,71	232 536	100,74	0,95	322 010	571 984	16 028	24 347	17 904	19 143	1,31
1034	Cape Medical Plan	2 458	21,62	2 397	21,89	3 500	65,34	1,15	100 989	19 543	12 122	2 259	17 152	8 551	30,32
1215	Caremed Medical Scheme	15 982	7,81	42 869	27,79	29 570	92,75	0,67	81 728	107 479	1 413	–	–	–	1,74
1048	Commercial and Industrial Medical Aid Society (CIMAS)	8 593	39,19	7 449	38,09	6 000	85,37	1,01	48 645	12 890	27	–	–	31 816	8,18
1552	Community Medical Aid Scheme (COMMED)	898	2,72	8 615	31,35	8 000	88,27	0,96	21 459	17 675	29 999	1 894	12 197	27 353	2,57
1491	Compcare Medical Scheme	23 668	44,89	18 424	41,25	10 889	96,49	0,82	52 179	6 512	651	2 628	–	372	3,84
1125	Discovery Health Medical Scheme	740 068	48,22	316 043	27,72	342 550	88,00	1,40	204 596	–	–	–	–	217 451	0,59
1202	Fedsure Health	105 797	24,48	92 466	28,92	117 000	139,02	1,56	376 568	2 143	2 305	–	–	137 995	3,87
1501	Free State Medical Scheme	12	2,13	98	18,74	110	0,00	1,53	1 861	–	–	–	–	–	11,67
1554	Genesis Medical Scheme	65	0,70	3 580	55,40	1 562	92,78	1,09	40 131	–	–	–	–	–	20,41
1561	Gen–Health Medical Scheme	36	0,22	1 110	13,05	9 603	53,32	5,10	46 021	–	–	–	–	–	17,79
1162	Global Health	15 768	24,03	9 125	16,50	9 100	74,65	0,70	38 643	–	44 844	–	–	5 651	2,30
1466	Good Hope Medical Aid Society	522	7,13	1 248	20,16	1 000	60,30	0,53	19 314	1 269	10	–	–	5 286	10,26
1537	Hosmed Medical Aid Scheme	26 974	22,18	8 542	9,26	44 000	90,46	1,57	86 044	–	–	–	–	–	3,07
1577	Ingwe Health Plan	7 036	26,32	7 707	38,02	4 525	163,63	0,74	15 099	–	–	–	–	–	2,45
1556	KwaZulu–Natal Medical Aid Scheme	664	5,37	4 189	75,18	1 100	49,98	0,65	69 249	–	–	–	–	–	40,86
1536	Lifemed Medical Scheme	5 262	32,77	5 438	40,52	3 542	99,02	0,87	19 039	1 871	1 019	1 183	–	–	4,66
1142	Medical Expenses Distribution Society (MEDS)	6 405	21,83	1 741	6,08	10 246	73,17	1,23	8 285	19 531	45 152	–	–	–	0,95
1549	Medicover 2000 Medical Aid Scheme	47 625	44,03	16 081	30,15	13 467	97,24	0,88	214 122	–	–	6 500	–	–	13,20
1149	Medihelp	127 374	22,25	165 075	30,05	95 240	102,71	0,58	40 553	1 615	11 504	–	–	415 819	0,24
1506	Medimed Medical Scheme	6 757	35,22	1 137	6,41	5 546	88,94	1,03	4 380	–	–	–	–	5 000	0,81
1140	Medshield Medical Scheme	31 657	10,15	171 239	72,13	73 540	83,61	1,50	210 745	–	–	–	163 651	–	2,92
1560	Methealth Openplan Medical Scheme	28 561	8,70	47 699	17,31	57 586	94,86	0,80	185 932	–	3	–	3 083	–	2,22
1486	MSP Sizwe Medical Scheme	140 675	43,08	40 156	14,96	83 000	88,09	1,02	68 114	75 848	4 510	–	–	–	0,83
1087	Munimed	51 412	38,92	20 314	18,99	33 025	93,86	1,02	78 246	–	11 457	–	–	7 000	2,40
1166	National Independent Medical Aid Society (NIMAS)	9 019	19,98	5 684	13,29	16 400	92,03	1,28	22 324	4 115	365	–	–	11 360	1,72
1167	National Medical Plan (NMP)	11 269	4,11	17 844	7,55	81 993	91,84	1,19	313 281	2 043	–	–	–	–	4,36
1170	NBC Medical Scheme	9 565	24,50	1 629	4,65	12 442	107,79	1,17	4 439	–	–	–	–	–	0,42
1139	Omnihealth	104 523	27,77	12 873	4,12	134 637	0,00	1,45	100 594	3 162	1 538	10	–	–	1,06
1587	Pathfinder Medical Scheme	252	54,97	1 057	351,94	275	N/A	3,27	72	–	–	–	–	–	0,78
1546	Pharos Medical Plan	5 927	29,69	3 222	19,98	6 510	93,61	1,33	7 168	–	–	–	–	7 700	1,46
1242	Pretmed	2 611	10,83	6 572	29,55	4 200	89,45	0,78	30 444	–	1 956	–	–	605	4,50
1454	Pro Sano Medical Scheme	29 272	16,37	60 387	38,88	42 131	95,23	1,14	356 805	858	1 468	–	–	–	7,55
2922	Procure Medical Scheme	7 520	77,60	10 926	188,92	7 026	N/A	4,60	14 290	–	–	–	–	–	8,12
1196	Protea Medical Aid Society	3 653	43,29	3 943	52,51	3 500	77,18	1,55	6 225	595	58	–	–	17 250	2,73
1285	Protector Health	53 779	56,01	16 885	16,30	26 969	100,00	0,92	70 960	–	17 135	589	3 427	–	2,25
1576	ProVia Medical Scheme	34 265	50,22	39 120	89,61	5 449	86,26	0,54	49 869	–	–	–	–	–	3,76
1575	Resolution Health Medical Scheme	5 267	36,28	1 687	21,98	2 316	100,00	1,02	6 516	–	–	–	500	–	2,79
1446	Selfmed	2 296	3,24	25 106	46,36	13 749	54,15	0,89	84 843	–	–	–	–	–	5,15
1141	Spectramed	48 699	47,87	3 122	3,45	20 649	0,00	0,81	11 116	–	–	–	–	27 257	0,40
1464	Suremed Health	947	31,96	1 306	56,58	1 850	100,24	2,85	4 077	–	0	0	–	–	5,81
1147	Telemed	17 397	11,75	16 736	12,93	47 000	91,91	1,20	194 231	–	–	–	–	–	4,93
1422	Topmed Medical Scheme	7 030	6,18	17 539	18,44	20 595	91,30	0,77	50 643	–	–	–	–	–	1,75
1148	Visimed Medical Scheme	10 104	20,93	3 918	9,00	10 270	119,07	0,87	18 956	–	–	–	–	–	1,43
1249	Vulamed Medical Aid Society	2 017	15,43	1 009	7,97	3 982	194,34	1,05	3 165	–	–	–	–	–	0,82
1586	X–Press Care Medical Scheme	323	8,59	3 582	163,70	1 300	N/A	2,21	6 178	–	–	–	–	–	9,28
SUB–TOTAL – Registered Open schemes		1 850 207	26,26	1 516 104	26,13	1 685 005	87,54	1,08	3 816 342	852 877	205 100	39 410	223 199	951 165	2,16

Ref. No.	Name of Medical Scheme	Accounts Receivable		Accounts Payable		Outstanding Claims Provision			Investments						Gross Claims incurred
		R'000	Days Outstanding	R'000	Days Outstanding	R'000	Prior year claims provision utilised %	Covering Net Claims Months	Cash and Cash Equivalents R'000	Bonds R'000	Equities R'000	Properties R'000	Insurance Policy R'000	Other R'000	Cash and Cash equivalents Coverage Months
REGISTERED SCHEMES – RESTRICTED															
1553	ABI Medical Aid Scheme	2 966	38,88	102	1,65	1 700	99,41	1,13	40	–	–	–	–	5 249	0,02
1005	AECI Medical Aid Society	6 129	20,32	939	2,45	13 800	80,45	1,20	13 114	–	83 654	–	–	–	1,14
1567	Afrox Medical Aid Society	3 372	14,26	86	0,41	4 698	137,55	0,83	28 622	6 979	–	–	–	–	4,37
1465	Alliance Midmed Medical Scheme	2 716	37,40	437	6,96	2 000	108,15	1,14	2 914	–	–	–	–	–	1,52
1487	Alpha Group Medical Aid Society	745	10,39	508	7,66	1 813	81,32	1,14	15 821	–	71	–	–	2 312	7,70
1534	Altron Medical Aid Scheme	2 836	10,63	1 710	7,02	7 350	101,42	1,35	31 345	25 810	500	–	–	–	4,23
1011	Ammosal Benefit Society	1	64,52	3	42,95	–	N/A	–	30	–	–	–	–	618	14,33
1012	Anglo American Corporation Medical Scheme (AACMED)	4 834	5,50	2 638	3,39	23 068	86,51	1,31	21 665	126 568	374 739	2 383	5 842	9 397	0,99
1503	Anglogold Medical Scheme (Goldmed)	6 875	11,71	2 618	4,63	8 973	100,00	0,51	12 303	–	–	–	–	–	0,70
1571	Anglovaal Group Medical Scheme	6 651	26,64	2 336	12,12	4 000	47,71	1,00	17 827	–	–	–	51 870	–	3,14
1013	Aranda Textiles Medical Scheme	63	124,11	16	36,82	–	N/A	–	–	–	–	–	–	–	0,00
1574	Aumed Medical Aid Scheme	1 404	14,86	394	4,74	1 500	80,53	0,80	4 914	–	–	–	–	16 443	1,96
1279	Bankmed Medical Scheme	9 814	3,74	72 345	30,22	51 118	93,32	0,85	194 771	75 837	116 731	2 362	8 954	262 499	2,62
1507	Barloworld Medical Scheme	4 693	13,05	3 021	9,18	13 500	0,00	1,35	74 965	–	–	–	–	–	7,49
1089	Billmed Medical Scheme	714	7,68	1 310	13,85	2 350	97,90	0,85	21 208	–	14 725	–	–	–	7,69
1526	BMW Employees Medical Aid Society	289	2,20	75	0,69	4 139	95,04	1,23	11 078	699	12 835	–	–	–	3,30
1237	BPSA Medical Scheme	355	4,97	431	4,95	2 574	86,77	0,97	2 013	–	–	–	–	32 367	0,76
1590	Building & Construction Industry Medical Aid Fund	1 444	17,05	714	10,43	2 600	105,77	1,25	7 832	–	208	–	–	2 000	3,76
1158	Cawmed Medical Scheme	2 530	192,30	801	23,82	1 000	80,03	1,00	19	–	52 635	–	–	–	0,02
1042	Chamber of Mines Medical Aid Society	266	5,53	650	13,32	1 261	69,65	1,11	39 966	–	–	–	–	–	27,31
1043	Chartered Accountants (SA) Medical Aid Fund (CAMAF)	4 678	7,54	3 404	6,75	13 500	87,78	1,08	53 649	4 520	16 374	372	–	3 143	3,50
1521	Clicks Group Medical Scheme	2 027	52,44	554	16,52	900	95,82	0,94	5 081	–	–	–	–	–	5,15
1570	CSIR Medical Scheme	3 048	22,62	2 774	22,98	2 900	0,00	1,07	13 036	169 062	–	–	–	36 048	3,59
1522	Da Gama Medical Aid Scheme	640	32,78	37	1,97	355	26,41	0,77	3 736	–	–	–	–	–	6,51
1039	DCMed Medical Aid Fund	860	6,47	2 288	18,30	4 413	100,00	1,16	4 828	–	2 232	–	–	8 040	1,27
1068	De Beers Benefit Society	8 403	25,07	15 032	47,22	12 757	87,94	1,31	97 357	–	0	–	–	–	10,00
1484	Edcon Medical Aid Scheme	361	2,80	601	4,69	2 927	87,77	0,86	14 540	–	71	–	–	–	3,72
1513	Ellerine Holdings Medical Aid Society	379	15,05	45	1,64	850	0,00	1,01	859	–	–	–	–	6 757	1,02
1572	Engen Medical Benefit Fund	5 116	34,52	1 636	11,55	3 487	86,95	0,95	9 238	–	9 716	–	–	–	2,13
1086	Food Workers Medical Benefit Fund	1 488	57,79	245	19,21	–	N/A	–	491	8 365	203	–	–	5 691	1,27
1578	Foschini Group Medical Aid Scheme	2 521	31,92	239	3,63	1 990	80,55	0,97	10 979	–	–	–	–	–	5,34
1270	Golden Arrow Employees Medical Benefit Fund	1 572	78,75	58	3,06	932	66,23	1,66	106	668	1 621	–	–	–	0,19
1523	Grintek Electronics Medical Aid Scheme	1 239	27,91	1 284	31,85	1 000	91,96	1,00	14 036	3 000	–	–	–	–	11,40
1082	Group 5 Medical Scheme	2 887	24,29	206	2,12	3 900	115,24	1,49	13 038	12 095	–	–	–	–	4,35
1416	Haggie Medical Scheme	8	0,18	5 604	119,89	469	81,22	0,36	7 114	–	–	–	–	–	5,46
1177	Highveld Medical Scheme	316	2,51	43	0,38	3 000	66,37	0,90	11 038	2 500	–	–	21 626	–	3,32
1111	IBM (SA) Medical Aid Society	4 431	57,89	1 511	22,10	1 600	62,79	1,11	8 759	80 792	31 899	–	–	–	4,21
1559	Imperial Group Medical Scheme	5 304	26,22	1 571	9,07	4 200	97,76	0,83	14 550	–	–	–	5 953	–	2,78
1016	Independent Newspapers Medical Aid Scheme	3 318	31,53	372	3,65	4 400	101,51	1,41	3 157	6 837	–	–	–	–	1,01
1115	Johannesburg Metropolitan Chamber Commerce and Industry Medical Aid Society	of 5 336	52,98	3 572	35,40	2 811	104,16	0,93	4 548	228	812	–	2 633	9 463	1,48
1116	Jomed Medical Scheme	5 504	11,44	7 020	16,13	15 700	103,26	1,19	34 973	–	1 719	–	8 010	2 830	2,66
1121	Klerksdorp Medical Benefit Scheme (KDM)	14 893	51,45	14 572	50,08	4 327	82,94	0,49	5 516	–	542	1 272	–	41 774	0,62
1009	KPMG Medical Aid Society	1 869	44,92	1 366	41,06	1 011	0,00	0,99	2 634	–	–	–	–	1 724	2,59
1145	Lamaf Medical Scheme	3 401	4,21	17 191	23,76	9 000	71,36	0,52	8 961	–	–	–	–	45 027	0,41
1197	Libcare Medical Scheme	3 038	14,94	179	1,02	7 905	0,00	1,44	9 621	39 474	–	–	–	1 172	1,75
1547	Malcor Medical Scheme	3 090	14,92	1 670	8,97	7 419	100,00	1,30	14 300	2 949	–	–	2 070	36 232	2,51
1495	Massmart Health Plan	215	2,33	2 714	30,29	2 150	84,40	1,06	4 965	540	5 189	–	–	1 028	1,87
1588	MEDCOR	800	0,37	800	0,40	–	N/A	–	2 117	–	–	–	–	–	0,04
1548	Medipos Medical Scheme	18 462	34,91	4 092	9,65	7 440	80,77	0,79	58 186	74 274	242 154	–	–	–	4,55
1568	Medisense Medical Aid Scheme	11 654	31,82	1 070	3,71	8 750	74,75	1,34	35 220	–	–	–	–	–	4,02
1535	Metrocare Medical Aid Scheme	5 290	29,92	118	0,77	5 450	88,57	1,17	8 749	12 383	–	–	–	–	1,88
1105	Metropolitan Medical Scheme	942	5,89	2 760	18,66	3 760	64,43	0,87	9 189	28 996	–	–	–	–	2,13

Ref. No.	Name of Medical Scheme	Accounts Receivable		Accounts Payable		Outstanding Claims Provision			Investments						Gross Claims incurred	
		R'000	Days Outstanding	R'000	Days Outstanding	R'000	Prior year claims provision utilised %	Covering Net Claims Months	Cash and Cash Equivalents R'000	Bonds R'000	Equities R'000	Properties R'000	Insurance Policy R'000	Other R'000	Cash and Cash equivalents Coverage Months	
1569	Minemed Medical Scheme	3 995	18,84	3 576	22,37	9 145	93,78	1,83	24 185	–	–	–	–	–	4,84	
1566	Moremed Medical Scheme	4 934	46,18	1 492	17,61	1 915	85,67	0,78	1 807	7 050	–	–	–	–	0,72	
1208	Mutual & Federal Medical Aid Fund	2 037	20,92	1 444	19,21	1 900	90,78	0,85	20 807	–	–	–	–	–	9,00	
1154	Nampak Group Medical Society	2 325	9,11	2 082	9,83	7 151	94,26	1,25	56 797	–	–	–	–	–	8,79	
1241	Naspers Medical Fund	962	7,53	6 943	54,75	5 828	92,17	1,47	9 666	–	–	–	–	44 679	2,42	
1164	NBS/BOE Group Medical Aid Fund	2 198	21,27	610	6,57	3 725	87,52	1,34	7 044	–	5 442	–	–	1 561	2,53	
1469	Nedcor Medical Aid Scheme	2 430	4,16	20 392	41,61	11 590	94,15	0,79	349 207	–	213 963	–	–	–	23,74	
1584	Netcare Medical Scheme	5 596	20,18	153	0,71	6 370	81,78	1,19	39 504	–	–	–	–	–	5,98	
1528	Oilmed	–	0,00	–	0,00	–	0,00	–	–	–	–	–	–	–	0,00	
1214	Old Mutual Staff Medical Aid Fund	2 383	6,29	4 367	13,31	8 251	89,64	0,94	17 326	96 947	12 747	–	–	–	1,77	
1441	Parmed Medical Aid Scheme	1 319	9,96	3 612	26,98	6 195	110,59	1,47	5 510	13 422	–	–	–	2 106	1,30	
1515	PG Bison Medical Aid Society	601	15,61	694	22,39	1 400	106,16	1,43	6 954	–	–	–	–	2 970	7,13	
1186	PG Group Medical Aid Scheme	229	3,34	683	10,90	2 226	71,36	1,58	16 374	–	–	–	–	–	8,89	
1563	Pick 'n Pay Medical Scheme	7 876	41,15	1 449	10,16	2 965	109,80	1,01	35 261	13 296	–	–	–	–	8,00	
1583	Platinum Health	12 336	70,03	746	3,94	4 486	100,00	0,88	27 526	–	–	–	–	–	5,40	
1565	Polprismed (Venda Police and Prisons Medical Aid Society)	1	0,06	511	94,82	500	N/A	2,43	5 995	–	–	–	–	–	29,17	
1194	Profmed	8 602	11,34	11 901	17,70	22 000	88,95	1,08	80 656	–	22 838	–	–	–	3,94	
1516	Quantum Medical Aid Society	3 996	15,88	2 433	11,08	8 300	0,00	1,34	24 534	76 210	–	–	–	–	3,67	
1201	Rand Water Medical Scheme	2 682	23,62	732	6,10	4 409	0,00	1,35	22 542	–	–	–	–	–	6,91	
1532	Relyant Medical Aid Scheme	2 449	42,66	112	1,78	1 200	0,00	0,64	9 584	–	–	–	–	–	5,12	
1430	Remedi Medical Aid Scheme	607	1,54	8 465	25,70	5 807	99,04	0,73	50 551	–	–	–	–	–	5,15	
1176	Retail Medical Scheme	2 942	19,27	1 281	10,12	2 708	78,32	0,86	14 209	–	–	–	–	–	3,80	
1209	SA Breweries Medical Aid Society	54	0,31	385	2,43	6 000	102,42	1,36	14 771	–	–	11 636	–	–	3,03	
1030	Saammed Medical Scheme	2 766	38,86	2 792	54,37	2 100	N/A	1,71	8 010	–	–	–	–	5 893	4,61	
1450	SAB Castellion Medical Aid Scheme	19	0,81	168	8,44	690	74,68	1,14	4 967	–	1 682	–	–	–	8,17	
1424	SABC Medical Aid Scheme	291	1,73	198	1,32	4 567	105,03	1,23	666	96	–	–	–	52 965	0,15	
1559	Samancor Health Plan	7 202	35,87	3 996	21,44	5 500	88,64	0,98	52 526	–	–	–	–	–	9,39	
1038	SAMWU National Medical Scheme	6 477	34,00	4 919	38,87	4 521	0,00	1,16	19 683	31 103	17 514	–	7 599	–	5,07	
1527	Sappi Medical Aid Scheme	4 677	24,72	1 331	8,05	4 259	84,12	1,11	25 913	–	–	–	–	–	5,32	
1234	Sasolmed	22 801	30,90	3 822	5,96	26 105	102,09	1,28	53 469	–	–	–	–	–	2,62	
1531	Sedmed	503	47,80	–	0,00	500	0,00	1,56	403	–	–	–	–	–	1,26	
1243	Siemens Medical Scheme	4 088	24,54	4 259	31,79	3 080	0,00	0,73	1 455	9 910	–	–	–	–	0,34	
1580	South African Police Service Medical Scheme (Polmed)	15 269	2,87	52 579	12,42	236 183	0,00	1,78	69 338	417 280	–	–	–	–	0,52	
1579	Southern Sun Medical Aid Scheme	3 368	46,73	149	3,13	1 500	100,00	1,61	18 962	–	–	–	–	–	13,69	
1254	Stocksmed Medical Scheme	1 515	34,58	159	4,27	1 150	78,60	1,36	19 104	–	–	–	–	–	17,31	
1544	Tiger Brands Medical Scheme	4 474	19,54	3 613	16,38	7 000	96,08	1,03	34 668	–	7 475	–	–	–	5,12	
1582	Transmed Medical Fund	20 623	6,75	23 723	10,73	121 503	118,43	1,85	410 380	–	–	–	–	–	5,62	
1271	Trawlermen's Medical Fund	151	27,56	83	20,61	74	100,00	0,69	312	121	–	–	–	753	2,93	
1434	Umed	4 486	10,60	17 723	40,48	12 438	80,70	0,99	79 890	–	–	–	24 995	–	6,26	
1539	Universal Medical Scheme	2 300	N/A	2 519	N/A	–	N/A	–	233	–	–	–	–	–	N/A	a
1520	University of Natal Medical Scheme	568	6,99	532	8,56	2 975	0,00	2,13	10 752	–	12 677	–	–	1 232	5,66	
1282	University of the Witwatersrand Staff Medical Aid Scheme	284	2,67	939	10,24	4 613	95,25	1,60	3 601	–	–	–	12 402	13 913	1,25	
1291	Witbank Coalfields Medical Aid Scheme	10 644	24,16	6 785	18,72	10 000	50,43	1,21	11 566	49 537	2 206	–	31 518	21 680	1,06	
1293	Wooltru Healthcare Fund	1 046	5,11	11 749	70,85	4 506	70,65	0,94	10 506	–	–	–	71 128	–	2,09	
1253	Xstrata Medical Aid Scheme	1 928	23,03	565	7,67	2 818	82,77	1,25	3 052	–	1 156	–	–	1 673	1,35	
SUB–TOTAL – Registered Restricted schemes		367 820	11,93	402 424	15,19	866 898	35,73	1,16	2 665 287	1 397 548	1 266 331	18 025	254 599	679 240	3,28	
TOTAL REGISTERED SCHEMES		2 218 027	21,89	1 918 528	22,77	2 551 903	51,39	1,11	6 481 629	2 250 425	1 471 430	57 435	477 798	1 630 405	2,51	

NOTES:

a Not applicable as no contributions were received

- The 2000 closing balances for the following registered schemes that failed to submit documents for 2001 financial year were brought forward:
  - Eyethumed Medical Scheme (new scheme – no balances were brought forward)
- Projections were made for Medcor due to failure to submit documents for the 2001 financial year
- In respect of Accounts recievable outstanding days, the denominator is gross contributions
- In respect of Accounts payable outstanding days, the denominator is gross claims incurred
- In respect of Gross claims cash coverage = short term investments / gross claims incurred
- In respect of the Prior year claims provision utilised results, please take note that:
  - If it is above 100%, the scheme under provided in the prior year
  - If it is below 100%, the scheme over provided in the prior year
  - If equal to zero, no information was submitted

DETAILED FINANCIAL RESULTS: BARGAINING COUNCIL SCHEMES for the year ended 31 December 2001

Ref. No.	Name of Medical Scheme	Members 31/12/01	Beneficiaries 31/12/01	No. of Dependants per member	Gross Contributions Income (GCI)		Gross Administration expenses (RISK +PMSA)			Managed Care: Management services			Broker Fees	Nett claims Nett Reinsurance Results	incurred: Nett contributions	Gross Underwriting Results	Profit/ Nett Underwriting Results	(Loss) from Operations	Nett Assets Nett Surplus/ (Deficit)	Nett Assets (Members Funds per BS)	Per Regulation 29	Solvency Ratio
					R'000	PMPM	R'000	As % of GCI	PMPM	R'000	As % of GCI	PMPM	R'000	R'000	%	R'000	R'000	R'000	R'000	R'000	R'000	%
3456	Autoworkers Medical Aid Fund (Automed)	19 187	55 490	1,89	76 426	332	7 809	10,22	34	–	0,00	0	–	–	90,92	6 936	(872)	(954)	10 127	108 657	108 657	142,17
3514	Bargaining Council for the Building Industry (Kimberly)	83	114	0,37	529	531	515	97,28	517	–	0,00	0	–	–	36,77	335	(180)	(180)	(69)	1 754	1 754	331,52
3302	Building Industry Medical Aid Fund (Western Cape)	4 552	16 309	2,58	8 414	154	2 488	29,57	46	–	0,00	0	–	–	88,91	933	(1 555)	(1 555)	(820)	5 064	5 064	60,19
3304	Clothing Industry Health Care Fund (Cape Town)	34 310	90 332	1,63	27 075	66	6 195	22,88	15	–	0,00	0	–	–	90,66	2 529	(3 666)	(3 666)	(64)	45 594	45 594	168,40
3318	Clothing Industry Sick Benefit Fund (Natal)	17 392	17 392	–	8 336	40	2 944	35,32	14	–	0,00	0	–	–	58,70	3 442	499	499	1 241	6 482	6 482	77,76
3378	East London Building Industry Medical Aid Fund (ELBIMAF)	149	386	1,59	1 039	581	373	35,93	209	–	0,00	0	–	–	126,96	(280)	(653)	(653)	(540)	607	607	58,45
3316	Electrical Industry (Cape)	1 658	4 532	1,73	4 993	251	630	12,61	32	–	0,00	0	–	–	90,05	497	(133)	(133)	23	2 728	2 728	54,63
3479	Natal Furniture Workers Sick Benefit Society	1 929	9 645	4,00	3 045	132	1 638	53,80	71	–	0,00	0	–	–	37,58	1 901	263	263	505	2 175	1 849	60,74
TOTAL BARGAINING COUNCIL SCHEMES		79 260	194 200	1,45	129 857	137	22 592	17,40	24	–	0,00	0	–	–	87,45	16 293	(6 299)	(6 381)	10 403	173 061	172 735	133,02

NOTES:

- The following Bargaining Council schemes that failed to submit their results at the time of printing this report were omitted from this particular schedule:
  - BIMAF (Eastern Cape)
  - Clothing Industry (Free State & Northern Cape)
  - Clothing Industry (Northern Areas)
  - Furniture & Allied workers (SWD)
  - Hairdressers (Natal)
  - Knitting Industry (Northern Areas)
  - Motor Industry (MIMED)
- The following schemes submitted draft financial statements:
  - Automed (Non–financial data were projected)
  - Clothing Industry Health Care Fund (Cape Town) (Non–financial data were projected)
  - Building Industry Medical Aid Fund (Western Cape)
- Bargaining Council Schemes were formerly known as Exempt Schemes
- Projections were made in respect of the non–financial data for Clothing Industry Sick Benefit Fund (Natal)
- PMPM – per member per month

Ref. No.	Name of Medical Scheme	Beneficiaries			Gross Contribution Income (GCI)						Net claims incurred (incl PMSA claims)						Gross Administration expenses (Incl PMSA & Managed care)						Reserve Position (Per Regulation 29)						Solvency ratio	
		31/12/2001	31/12/2000	% Growth	2001 R'000	2000 R'000	% Growth	PBPM 2001 R	PBPM 2000 R	% Growth	2001 R'000	2000 R'000	% Growth	PBPM 2001 R	PBPM 2000 R	% Growth	2001 R'000	2000 R'000	% Growth	PBPM 2001 R	PBPM 2000 R	% Growth	2001 R'000	2000 R'000	% Growth	PB 2001 R	PB 2000 R	% Growth	2001 %	2000 %
3456	Autoworkers Medical Aid Fund (Automed)	55 490	56 008	–1	76 426	69 218	10	115	103	11	69 490	60 303	15	104	90	16	7 809	5 424	44	12	8	45	108 657	98 530	10	1 958	1 759	11	142,17	142,35
3514	Bargaining Council for the Building Industry (Kimberly)	114	1 777	–94	529	430	23	387	20	1816	195	180	8	142	8	1589	515	545	–6	376	26	1373	1 754	1 824	–4	15 387	1 026	1399	331,52	423,65
3299	Building Industry Medical Aid Fund (Bloemfontein)	0	248	–100		603	–100	–	203	–100		98	–100	–	33	–100		98	–100	–	33	–100	N/A	1 058	–100	N/A	4 267	–100	N/A	175,44
3322	Building Industry Medical Aid Fund (Eastern Cape)	3 174	3 174	0		5 043	–100	–	132	–100		3 703	–100	–	97	–100		1 122	–100	–	29	–100	N/A	110	–100	N/A	35	–100	N/A	2,17
3302	Building Industry Medical Aid Fund (Western Cape)	16 309	15 859	3	8 414	9 346	–10	43	49	–12	7 481	7 932	–6	38	42	–8	2 488	2 424	3	13	13	0	5 064	5 622	–10	310	354	–12	60,19	60,15
3327	Clothing Industry (Free State & Nothern Cape)	435	435	0		152	–100	–	29	–100		133	–100	–	25	–100		25	–100	–	5	–100	N/A	315	–100	N/A	725	–100	N/A	206,98
3339	Clothing Industry (Northern Areas)	7 419	7 419	0		4 131	–100	–	46	–100		3 005	–100	–	34	–100		675	–100	–	8	–100	N/A	1 190	–100	N/A	160	–100	N/A	28,80
3304	Clothing Industry Health Care Fund (Cape Town)	90 332	96 473	–6	27 075	31 320	–14	25	27	–8	24 546	25 224	–3	23	22	4	6 195	6 103	2	6	5	8	45 594	45 658	0	505	473	7	168,40	145,78
3318	Clothing Industry Sick Benefit Fund (Natal)	17 392	17 392	0	8 336	10 408	–20	40	50	–20	4 894	5 668	–14	23	27	–14	2 944	3 410	–14	14	16	–14	6 482	5 242	24	373	301	24	77,76	50,36
3378	East London Building Industry Medical Aid Fund (ELBIMAF)	386	569	–32	1 039	1 089	–5	224	159	41	1 319	1 409	–6	285	206	38	373	329	13	81	48	67	607	1 147	–47	1 573	2 015	–22	58,45	105,29
3316	Electrical Industry (Cape)	4 532	5 013	–10	4 993	4 808	4	92	80	15	4 497	4 461	1	83	74	11	630	718	–12	12	12	–3	2 728	2 705	1	602	539	12	54,63	56,25
3336	Furniture & Allied Workers (S.W.D.)	1 669	1 669	0		732	–100	–	37	–100		821	–100	–	41	–100		65	–100	–	3	–100	N/A	579	–100	–	347	–100	N/A	79,01
3314	Hairdressers (Natal)	878	878	0		794	–100	–	75	–100		374	–100	–	36	–100		285	–100	–	27	–100	N/A	440	–100	–	502	–100	N/A	55,46
3315	Hairmed	0	1 843	–100		10 506	–100	–	475	–100		6 324	–100	–	286	–100		876	–100	–	40	–100	N/A	42	–100	–	23	–100	N/A	0,40
3419	Knitting Industry (Northern Areas)	957	957	0		463	–100	–	40	–100		271	–100	–	24	–100		65	–100	–	6	–100	N/A	1 372	–100	–	1 434	–100	N/A	296,54
3324	Motor Industry Medical Aid Fund (MIMED)	54 991	54 991	0		274 206	–100	–	416	–100		261 676	–100	–	397	–100		20 342	–100	–	31	–100	N/A	87 613	–100	–	1 593	–100	N/A	31,95
3479	Natal Furniture Workers Sick Benefit Society	9 645	10 380	–7	3 045	2 792	9	26	22	17	1 144	1 265	–10	10	10	–3	1 638	1 521	8	14	12	16	1 849	1 344	38	192	130	48	60,74	48,15
TOTAL BARGAINING COUNCIL SCHEMES		263 723	275 085	–4	129 857	426 044	–70	41	129	–68	113 564	382 847	–70	36	116	–69	22 592	44 027	–49	7	13	–46	172 735	254 790	–32	655	926	–29	133,02	59,80

NOTES:

- The 2000 closing balances for the following Bargaining Council Schemes that failed to submit documents for 2001 financial year were brought forward:
  - BIMAF (Eastern Cape)
  - Clothing Industry (Free State & Northern Cape)
  - Clothing Industry (Northern Areas)
  - Furniture & Allied workers (S W D)
  - Hairdressers (Natal)
  - Knitting Industry (Northern Areas)
  - Motor Industry (MIMED)
- Projections were made in respect of the non–financial data for Clothing Industry Sick Benefit Fund (Natal)
- The following schemes submitted draft financial statements:
  - Automed (Non–financial data were projected)
  - Clothing Industry Health Care Fund (Cape Town) (Non–financial data were projected)
  - Building Industry Medical Aid Fund (Western Cape)
- The 2000 comparative figures have been restated due to the following:

1. Due to Medcor and Building & Construction Industry Medical Aid Fund registration during the year, the 2000 balances were reclassified from the Bargaining Council Schemes to Registered Restricted Schemes for comparative reasons.
2. BIMAF (North & West Boland) and Electrical Natal – As a result of failure to submit data since 1999, the 1999 balances brought forward in the 2000 Annual Report were removed from the 2000 comparative figures

- Bargaining Council Schemes were formerly known as Exempt Schemes
- There will be no 2001 figures for the color coded schemes due to :
  - Schemes liquidating during the year
- PBPM – per beneficiary per month
- PM – per beneficiary

EXPLANATORY NOTES TO THE ANNEXURES C–P

- At the time of preparing this report, the following medical schemes had not submitted Audited Financial Statements or Statutory Returns for the 2001 financial year end:

Ref no.	Name
1446	Selfmed
1585	Eyethumed
3322	BIMAF (Eastern Cape)
3517	BIMAF (North & West Boland)
3327	Clothing Industry (Free State & Northern Cape)
3339	Clothing Industry (Northern Areas)
3336	Furniture & Allied workers (S W D)
3314	Hairdressers (Natal)
3419	Knitting Industry (Northern Areas)
3324	Motor Industry (MIMED)

- The following medical schemes names were changed during the year:

Ref no.	New name	Old name
1496	Allcare Chamber Medical Plan	Allcare Medical Aid Scheme
1507	Barloworld Medical Scheme	Barlow Medical Scheme
1464	Suremed Health	Erica Medical Aid Society
1162	Global Health	Natalmed
1164	NBS/BOE Group Medical Aid Fund	NBS Group Medical Aid Fund
1583	Platinum Health	Platmed
1285	Protector Health	Vaalmed
1176	Retail Medical Scheme	Shoprite Medical Scheme

- The following medical schemes amalgamated with other schemes at beginning or during the 2001 financial year:

Ref no.	Name
1431	ICS Medical Aid Society with Tiger Brands Medical Scheme
1050	CGU with Mutual & Federal
1295	Kopano with Protector Health
1416	Haggie Medical Scheme with National Medical Plan
1528	Oilmed and Polifin + M–Med (option of Caremed) with Sasolmed

- The following medical schemes were wound–up or dissolved (voluntary/automatic) during the 2001 financial year:

Ref no.	Name
1210	SA Eagle Medical Aid Scheme
1538	Toyota Medical Society
1276	Union Flour Mills Sick Fund
1558	Publiserve Healthcare Scheme
1423	Medsure Medical Aid Scheme
1553	Phila Medical Scheme
1065	CTP Medical Aid Scheme
1573	JCI – was omitted from this report due to its liquidation in 2002
3299	Building Industry Medical Aid Fund (Bloemfontein)
3310	Electrical Industry (Natal)
3315	Hairmed

- The following medical schemes were registered during the 2001 financial year:

Ref no.	Name
1590	Building and Construction Industry Medical Aid Fund (BIMAF (Gauteng))
1588	Medical Scheme for Correctional Services (MEDCOR)
1584	Netcare Medical Scheme
1587	Pathfinder
1585	Eyethumed Medical Scheme
1586	Xpress Care Medical Scheme
2922	Procure – Registration pending

COUNCIL FOR MEDICAL SCHEMES

Produced by the Council for Medical Schemes,
Designed by Shahn Irwin
Repro and print by The Bureau


Our vision
A medical schemes industry which is regulated
to protect the interests of members and to
promote fair and equitable access to private
health financing in order to maximise the
health of South Africans.
Our Mission is:
• The Council will act in an administratively
fair and transparent manner with integrity
and professionalism and will achieve this
vision by:
• Informing the public about their rights
and obligations in respect of access to
medical schemes;
• Ensuring that all entities conducting the
business of medical schemes comply wi
the Act;
• Ensuring that complaints raised by mem
and the public are handled appropriat
and speedily;
• Contributing to improved management
governance of medical schemes; and
• Advising the Minister of appropriate
regulatory interventions that will ass
attainment of national health policy objec
COUNCIL FOR MEDICAL SCHEMES