GENESIS MEDICAL SCHEME
Registration No. 339
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SUMMARISED FINANCIAL STATEMENTS
31 DECEMBER 2018

SUMMARISED FINANCIAL STATEMENTS

For the year ended 31 December 2018

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SUMMARISED FINANCIAL STATEMENTS

For the year ended 31 December 2018

STATEMENT OF RESPONSIBILITY BY THE BOARD OF TRUSTEES

The trustees are responsible for the preparation, integrity and fair presentation of the summarised financial statements of Genesis Medical Scheme, comprising the statement of financial position at 31 December 2018, the statement of comprehensive income, the statement of changes in funds and reserves, the cash flow statement for the year then ended, and the notes to the financial statements. The notes include a summary of significant accounting policies and other explanatory notes, in accordance with International Financial Reporting Standards and in the manner required by the Medical Schemes Act 131 of 1998, as amended.

The trustees' responsibility includes: designing, implementing and maintaining internal controls relevant to the preparation and fair presentation of these financial statements that are free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

The trustees' responsibility also includes maintaining adequate accounting records and an effective system of risk management. The trustees have ultimate responsibility for the system of internal controls.

The trustees are satisfied that the information contained in the summarised financial statements fairly presents the financial performance for the year and the financial position of the Scheme at year end. The trustees also prepared the other information included in the summarised report and are responsible for both its accuracy and its consistency with the financial statements.

Genesis Medical Scheme operated in a well-established control environment, which is well documented and regularly reviewed. This incorporates risk management and internal control procedures, which are designed to provide reasonable, but not absolute, assurance that assets are safeguarded and the risks facing the business are being controlled.

The trustees have made an assessment of the Scheme's ability to continue as a going concern and there is no reason to believe the Scheme will not be a going concern in the year ahead.

The auditor is responsible for reporting on whether the summarised financial statements are fairly presented in accordance with the applicable financial reporting framework.

Approval of summarised financial statements

The summarised financial statements have been derived from the annual financial statements of Genesis Medical Scheme which were approved by the Board of Trustees on 11 April 2019 and were signed on 18 April 2019.

STATEMENT OF CORPORATE GOVERNANCE BY THE BOARD OF TRUSTEES

The Genesis Medical Scheme is committed to the principles and practice of fairness, openness, integrity and accountability in all dealings with its stakeholders. The trustees are proposed and elected by the members of the Scheme.

BOARD OF TRUSTEES

The trustees meet regularly and monitor the administration of the Scheme. They address a range of key issues and ensure that discussion of items of policy, strategy and performance is critical, informed and constructive.

All trustees have access to the advice and services of the Principal Officer and, where appropriate, may seek independent professional advice at the expense of the Scheme.

INTERNAL CONTROL

The Scheme maintains internal controls and systems designed to provide reasonable assurance as to the integrity and reliability of the financial statements and to safeguard, verify and maintain accountability for its assets adequately. Such controls are based on established policies and procedures and are implemented by trained personnel with the appropriate segregation of duties.

No event or item has come to the attention of the Board of Trustees that indicates any material breakdown in the functioning of the key internal controls and systems during the year under review.

GOVERNANCE

The Audit Committee assists the Board of Trustees in discharging their corporate governance responsibility. This committee aids the Board in giving attention to specific areas of the Board's duties and responsibilities without mitigating or dissipating the Board's overall discharge of its responsibilities.

Independent Auditor's Report on Summary Financial Statements

To the Members of the Genesis Medical Scheme

Opinion

The summary financial statements, as set out on pages 13 to 22, which comprise the statement of financial position as at 31 December 2018, the statement of comprehensive income, the statement of changes in funds and reserves, the statement of cash flows for the year then ended and related notes, are derived from the audited financial statements of Genesis Medical Scheme (the Scheme) for the year ended 31 December 2018. In our opinion, the accompanying summary financial statements are consistent, in all material respects, with the audited financial statements, in accordance with the content and disclosure requirements of Circular 6 of 2013 issued by the Council for Medical Schemes.

Summary Financial Statements

The summary financial statements do not contain all the disclosures required by International Financial Reporting Standards and the Medical Schemes Act of South Africa. Reading the summary financial statements and the auditor's report thereon, therefore, is not a substitute for reading the audited financial statements and the auditor's report thereon. The summary financial statements and audited financial statements do not reflect the effects of events that occurred subsequent to the date of our report on the audited financial statements.

The Audited Financial Statements and Our Report Thereon

We expressed an unmodified audit opinion on the audited financial statements in our report dated 18 April 2019. That report also includes:

The communication of key audit matters.

Trustees' Responsibility for the Summary Financial Statements

The trustees are responsible for the preparation of the summary financial statements in accordance with the content and disclosure requirements of Circular 6 of 2013 issued by the Council for Medical Schemes.

Auditor's Responsibility

Our responsibility is to express an opinion on whether the summary financial statements are consistent, in all material respects, with the audited financial statements, based on our procedures, which were conducted in accordance with International Standards on Auditing (ISA) 810 (Revised), *Engagements to Report on Summary Financial Statements*.

Report on Other Legal and Regulatory Requirements

As required by the Council for Medical Schemes' Circular 38 of 2018, *Audit Tenure*, we report that PricewaterhouseCoopers Inc. has been the auditor of Genesis Medical Scheme for 10 years. The engagement partner, Dilshad Khalfey, has been responsible for Genesis Medical Scheme's audit for 3 years.

Price waterhouse Coopers Inc.

Director: Dilshad Khalfey

Registered Auditor

Cape Town

Date: 26 April 2019

REPORT OF THE BOARD OF TRUSTEES

For the year ended 31 December 2018

The Board of Trustees hereby presents its report for the year ended 31 December 2018.

1. MANAGEMENT

1.1 Board of Trustees in office during the year under review

Mr. JF Klopper Chairman
Mr. D Welsh Trustee
Mr. R Metz Trustee
Mr. LDR van der Merwe Trustee
Ms. H Kruger Trustee

1.2 Principal Officer

Mr. D van der Merwe

1.3 Audit Committee

Ms. AC Gouws External – Chairperson

Mr. JF Klopper Trustee

Ms. K De Brauwere External – Scheme member

1.4 Registered office address and postal address

4th Floor, The Terraces PO Box 144
Black River Park Observatory
Fir Street 7935

Observatory 7925

1.5 Medical scheme administrator during the year

The Scheme is self administered.

1.6 Bankers

Nedbank PO Box 688 Cape Town 8000

1.7 Auditors

PricewaterhouseCoopers Inc. PO Box 2799
5 Silo Square Cape Town
V&A Waterfront 8000

8002

1.8 Registration Number

339

2. DESCRIPTION OF SCHEME

2.1 Terms of registration

Genesis Medical Scheme is a not for profit open medical scheme registered in terms of the Medical Schemes Act 131 of 1998 (the Act), as amended.

2.2 Benefit options within Genesis Medical Scheme

The Scheme offered the following benefit options to members during the year:

- **Private Choice**, is a benefit option that provides members with statutory cover, hospitalisation and dental cover;
- Private, is a benefit option that provides members with statutory cover, hospitalisation, major medical illnesses cover and dental cover;
- Private Plus, is a benefit option that provides members with statutory cover, hospitalisation, major medical illnesses cover, dental cover and a medical savings account; and
- Private Comprehensive, is a benefit option that provides members with statutory cover, hospitalisation, major medical illnesses cover, dental cover, consultation benefit, prescribed medicines benefit and a medical savings account.

2.3 Savings plan

In order to provide a facility for Scheme members to set funds aside to meet future healthcare costs not covered in the benefit options, the trustees have made the savings plan options available to meet this objective.

Members that belong to the Private Plus and Private Comprehensive benefit options pay an agreed sum, limited to 21% and 8% respectively, of their gross contributions, into a savings account so as to help pay the members' portion of healthcare costs, up to a prescribed threshold.

Unexpended savings amounts are accumulated for the long-term benefit of the member.

The liability to the members in respect of the savings plan is reflected as a financial liability in the financial statements, as provided in terms of section 35(9)(c) of the Act and repayable in terms of regulation 10 of the Act. Savings plans are operated strictly in terms of the rules of the Scheme.

2.4 Risk transfer arrangements

The Scheme had no risk transfer arrangements in place during the year under review.

3. INVESTMENT POLICY OF THE SCHEME

The Scheme's investment objectives are to maximise the return on its investments on a long term basis at minimal risk. The investment strategy takes into consideration both constraints imposed by legislation and those imposed by the Board of Trustees.

The Scheme continued to invest in low risk listed equities that seek capital growth rather than income yield to maximise its return in the long term.

The Scheme invested in fixed deposits, cash instruments and listed equities during 2018. This investment policy is reviewed regularly, taking into consideration compliance with the Act, the risk and returns of the various investment instruments and the surplus of funds available.

4. REVIEW OF THE YEAR'S ACTIVITIES

4.1 **Operational statistics**

As at 31 December 2018	Private Choice	Private	Private Plus	Private Comprehensive	Total
Number of members at year end	2,603	3,372	1,925	1,372	9,272
Number of beneficiaries at year end	5,596	8,229	4,518	3,253	21,596
Average number of members for the year	2,582	3,373	1,964	1,380	9,299
Average number of beneficiaries for the year	5,547	8,336	4,624	3,331	21,838
Average age of beneficiaries for the year	30.8	38.5	35.6	35.5	35.4
Pensioner ratio (beneficiaries > 65 years)	3.54%	11.39%	7.75%	8.08%	8.09%
Average accumulated funds per member at year end					R65,463
Dependant ratio to members at year end	1.15	1.44	1.35	1.37	1.33
Average net contributions per member per month	1,822	3,059	2,931	3,685	2,781
Average net contributions per beneficiary per month	848	1,238	1,245	1,528	1,184
Average risk claims per member per month	(947)	(2,780)	(2,411)	(3,409)	(2,287)
Average risk claims per beneficiary per month	(441)	(1,125)	(1,024)	(1,413)	(974)
Average administration costs per member per month	(219)	(367)	(435)	(475)	(356)
Average administration costs per beneficiary per month	(102)	(148)	(185)	(197)	(152)
Net risk claims as a percentage of net contributions	52%	91%	82%	93%	82%
Administration costs as a percentage of gross contributions	12.00%	12.00%	12.00%	12.00%	12.00%

As at 31 December 2017	Private Choice	Private	Private Plus	Private Comprehensive	Total
Number of members at year end	2,614	3,346	2,067	1,379	9,406
Number of beneficiaries at year end	5,597	8,457	4,889	3,416	22,359
Average number of members for the year	2,487	3,334	2,119	1,383	9,323
Average number of beneficiaries for the year	5,333	8,510	5,023	3,468	22,334
Average age of beneficiaries for the year	30.4	37.6	34.6	34.5	34.7
Pensioner ratio (beneficiaries > 65 years)	3.38%	10.51%	6.79%	7.26%	7.42%
Average accumulated funds per member at year end					R55,911
Dependant ratio to members at year end	1.14	1.53	1.37	1.48	1.38
Average net contributions per member per month	1,680	2,938	2,713	3,502	2,635
Average net contributions per beneficiary per month	783	1,151	1,145	1,397	1,100
Average risk claims per member per month	(847)	(2,414)	(2,011)	(3,030)	(1,996)
Average risk claims per beneficiary per month	(395)	(946)	(848)	(1,208)	(833)
Average administration costs per member per month	(208)	(365)	(402)	(461)	(345)
Average administration costs per beneficiary per month	(97)	(143)	(170)	(184)	(144)
Net risk claims as a percentage of net contributions	50%	82%	74%	87%	76%
Administration costs as a percentage of gross contributions	12.40%	12.40%	12.40%	12.40%	12.40%

4.2 Results of operations

The results of the Scheme are clearly set out in the financial statements, and the Board of Trustees believe that no further clarification is required.

4.3 Accumulated funds ratio (Solvency level)

	2018 R	2017 R
The accumulated funds ratio is calculated on the following basis:		
Total members' funds per Statement of financial position Less: Accumulative unrealised gains Accumulated funds per Regulation 29	606,974,579 (28,124,524) 578,850,055	570,747,708 (44,851,869) 525,895,839
Gross annual contribution income (GCI)	331,188,513	311,773,263
Accumulated funds ratio:		
Accumulated funds x 100% GCI		
= Accumulated funds ratio per Regulation 29 (1) of the Act	175%	169%
The basis used above is in line with the provisions of the Act (Section 35 and Regulation 29(1)). On the basis that contributions to members' individual savings accounts are excluded from gross contributions, the solvency level of the		
Scheme increases to:	187%	178%

4.4 Reserve accounts

Movements in the reserves are set out in the Statement of Changes in Funds and Reserves. There have been no unusual movements that the Board of Trustees believe should be brought to the attention of the members of the Scheme.

4.5 Outstanding claims

Movements on the outstanding claims provision are set out in Note 3 to the summarised financial statements. There have been no unusual movements that the Board of Trustees believe should be brought to the attention of the members of the Scheme.

The Board of Trustees is of the opinion that adequate provision has been made for claims incurred but not intimated to the Scheme at the year end.

5. POST STATEMENT OF FINANCIAL POSITION EVENT

There have been no events that have occurred subsequent to the financial year end that affect the summarised financial report and that the Board of Trustees consider should be brought to the attention of the members of the Scheme.

6. GUARANTEES RECEIVED BY THE SCHEME FROM A THIRD PARTY

No guarantees were received by the Scheme from a third party during the year.

7. INVESTMENTS IN AND LOANS TO PARTICIPATING EMPLOYERS OF MEMBERS OF THE MEDICAL SCHEME AND TO OTHER RELATED PARTIES

The Scheme holds no investments in participating employers of the Scheme.

8. AUDIT COMMITTEE

The Scheme has an established audit committee, in accordance with provisions of the Medical Schemes Act of 1998, as amended. The committee is mandated by the Board of Trustees by means of written terms of reference as to its membership, authority and duties. The committee consists of three members of which one is a member of the Board of Trustees. The majority of the committee members are not officers of the Scheme. The Scheme obtained exemption from the provisions of Section 36(10) of the Medical Schemes Act 131 of 1998 from the Council for Medical Schemes, in a letter dated 15 November 2000. In terms of the exemption, the Scheme has been granted permission to reduce the number of persons on the committee from five to three. The committee met on four occasions during the year.

The Chairman of the Scheme and the external auditors have unrestricted access to the Chairman of the committee. In accordance with the provisions of the Act, the primary responsibility of the committee is to assist the Board of Trustees in carrying out its duties relating to the Scheme's accounting policies, internal control systems and financial reporting practices. The composition of the committee is noted under item 1.3.

9. ACTUARIAL VALUATION

In the Board of Trustees' opinion, an actuarial valuation is not required for the Scheme.

10. GENERAL

Governance and issues of non-compliance

The Scheme is governed by a board of independent, professional trustees elected by members. The business of the Scheme is managed by a team of executive managers.

Late payment of claims

In terms of section 59(2) of the Medical Schemes Act, a medical scheme shall pay to a member or a supplier of service, any benefit owing to that member or supplier of service within 30 days after the day on which the claim in respect of such benefit was received by the medical scheme. This requirement was not met in certain instances due to issues of timing. The scheme reimburses claims once a month, at the end of the month. The instances of non-compliance occurred as a

result of differences in timing between the date of receipt and the next scheduled payment of claims.

The issues of non-compliance as referred to above, relates to a number of claims that does not warrant the financially prejudicial cost of scheduling an additional claims payment date.

The year in review

Members once again, for the seventh consecutive year, enjoyed the benefits of sound governance and administration of their medical scheme. Contribution increases for 2019 were again kept to below inflation and benefits were increased substantially well above the rate of inflation.

Whilst membership declined very slightly from the previous year, the Scheme has benefited from a stable, young membership that demonstrates a reasonable risk profile. The average age of beneficiaries is below that of the industry average. The two main contributors to the decreased membership are affordability (even with Genesis' low contributions compared to other open schemes) and the termination of membership due to the non-disclosure of material information when applying for membership. This last issue is fast becoming something of a scourge in the entire healthcare funding industry.

As has been the case in past years, the Scheme continues to focus on service delivery to members. Complaints against the Scheme have decreased significantly with very few doctors complaining about payment of PMB conditions. The majority of complaints are from people whose membership was terminated due to non-disclosure and who consider the Scheme's lawful actions to be unfair. In almost all cases, the complainants owe money to Genesis as a result of their fraudulent non-disclosure.

As is evident from the accompanying financial statements, Genesis reimbursed qualifying claims in an amount of some R255 million during 2018 up from the R223 million reimbursed during the previous financial year. Trustees' remuneration remains amongst the lowest of all open medical schemes and administration costs are equally well below the industry average. Whilst contributions only just covered claims paid, the increase in reserves was due to a substantial increase in investment income. Genesis remains a highly solvent medical scheme with a very high claims paying ability.

Brickbats and bouquets

Continuing with our annual award of brickbats and bouquets, we award a brickbat to the Registrar of Medical Schemes for his seemingly annual singling out of Genesis in regard to complaints received – despite the drop in the number of complaints. Whilst the Scheme obviously does not want to receive any complaints at all, considering the approximately 150 000 claims received annually, apart from the massive number of phone calls and general member interaction on a daily basis, the 39 complaints received does not really warrant the Registrar's attention.

Brickbats are also due to the sadly growing number of doctors that believe that they can charge any amount that they like under the PMB argument – all with the Registrar's blessing. The Genesis tariff at which claims are reimbursed is increased every year by more than the rate of inflation and yet some doctors apparently can't resist the temptation to exploit.

A bouquet is definitely due to the Health Professions Council. We reported last year about the doctor in KZN that charged the equivalent of some R60 000 an hour for a non-life threatening routine procedure. The HPCSA investigated and found the doctor guilty of unethical conduct and fined him R15 000.

Bouquets are also due to the many members that took the time and trouble to write and compliment the Scheme and its staff on the good work done. Thank you for that. And then finally and most importantly, a big bouquet to all of the loyal and dedicated staff and management that run the Scheme and do their very best to ensure that members get the best possible service.

Closing

In closing we record our thanks to the providers of service, be they health care providers or administrative service providers. Thank you for looking after our members when help was needed.

11. TRUSTEE MEETING ATTENDANCE AND REMUNERATION

The following schedule sets out Board of Trustees and Audit Committee meeting attendances by members.

Trustee/Sub-Committee	Board Meetings		Audit Co Meet	
Member	A	В	Α	В
JF Klopper	6	6	4	4
D Welsh	6	5		
R Metz	6	5		
LDR Van der Merwe	6	5		
H Kruger	6	6		
AC Gouws			4	4
K De Brauwere			4	4

A - Possible number of meetings could have attended

B - Actual number of meetings attended

The Trustees' report was approved by the Board of Trustees on 11 April 2019.

STATEMENT OF FINANCIAL POSITION

As at 31 December 2018

		2018	2017
400==0	Note	R	R
<u>ASSETS</u>			
Non-current assets		203,408,415	183,314,918
Property, plant and equipment		337,758	507,794
Financial assets - investments		203,070,657	182,807,124
Current assets		481,629,054	448,706,921
Trade and other receivables		3,158,124	2,462,375
Cash and cash equivalents		478,470,930	446,244,546
Total assets		685,037,469	632,021,839
FUNDS AND LIABILITIES			
Members' funds		606,974,579	570,747,708
Accumulated funds		606,974,579	525,895,839
Revaluation reserve - investments		-	44,851,869
Current liabilities		78,062,890	61,274,131
Savings plan liability		9,899,534	8,510,899
Trade and other payables		22,948,888	21,484,630
Outstanding claims provision	3	45,214,468	31,278,602
Total funds and liabilities		685,037,469	632,021,839

STATEMENT OF COMPREHENSIVE INCOME

For the year ended 31 December 2018

		2018	2017
	Note	R	R
Net contribution income	4	310,366,018	294,787,698
Relevant healthcare expenditure		(255,152,738)	(223,281,746)
Net claims incurred		(255,152,738)	(223,281,746)
Claims incurred		(255,716,640)	(224,193,383)
Third party claim recoveries		563,902	911,637
Gross healthcare result		55,213,280	71,505,952
Broker service fees		(2,001,795)	(2,038,836)
Administration costs		(39,732,906)	(38,650,463)
Trustees fees		(452,423)	(702,172)
Net impairment gains on healthcare receivables		7,722	23,827
Net healthcare result		13,033,878	30,138,308
Other income		23,192,993	32,090,985
Investment income	5	23,067,941	31,878,823
Other income		125,052	212,162
Net surplus for the year		36,226,871	62,229,293
Other comprehensive income		-	16,372,383
Fair value adjustment on available-for-sale investments		-	16,372,383
Total comprehensive income for the year		36,226,871	78,601,676

STATEMENT OF CHANGES IN FUNDS AND RESERVES

For the year ended 31 December 2018

Balance as at 31 December 2016
Net surplus for the year
Revaluation reserve
Balance as at 31 December 2017
Changes on initial application of IFRS 9 (Refer note 2)
Restated balance as at 1 January 2018
Net surplus for the year
Balance as at 31 December 2018

Revaluation reserve R	Accumulated funds R	Total members' funds
28,479,486	463,666,546	492,146,032
-	62,229,293	62,229,293
16,372,383	-	16,372,383
44,851,869	525,895,839	570,747,708
(44,851,869)	44,851,869	-
-	570,747,708	570,747,708
-	36,226,871	36,226,871
_	606,974,579	606,974,579

STATEMENT OF CASH FLOWS

For the year ended 31 December 2018

	2018 R	2017 R
Cash flows from operating activities		
Cash flows from operations before working capital changes	13,383,479	30,487,619
Working capital changes:		
Decrease/(Increase) in trade and other receivables	156,150	(144,113)
Increase in trade and other payables	1,464,258	3,583,182
Increase in outstanding claims provision	13,935,866	9,061,822
Increase in savings plan liability	1,388,635	561,264
Interest received	32,159,000	31,270,453
Dividend income received	6,678,585	4,670,767
Net cash flows from operating activities	69,165,973	79,490,994
Cash flows from investing activities		
Purchase of investments	(37,057,314)	(27,541,331)
Proceeds on sale of investments	172,238	2,769,469
Purchase of equipment	(54,513)	(316,811)
Proceeds from sale of property, plant and equipment	-	175,000
Net cash flows from investing activities	(36,939,589)	(24,913,673)
Net increase in cash and cash equivalents	32,226,384	54,577,321
Cash and cash equivalents at beginning of the year	446,244,546	391,667,225
Cash and cash equivalents at the end of the year	478,470,930	446,244,546

RECONCILIATION OF NET SURPLUS TO CASH FLOWS FROM OPERATIONS

Net surplus for the year

Adjustments for:

- Depreciation
- Investment income
- Gain on sale of property, plant and equipment
- Expensed assets

Operating surplus before working capital changes

2018 R	2017 R
36,226,871	62,229,293
224,549 (23,067,941) - -	210,199 (31,878,823) (112,906) 39,856
13,383,479	30,487,619

NOTES TO THE SUMMARISED FINANCIAL STATEMENTS

For the year ended 31 December 2018

1. GENERAL INFORMATION

The information contained in this summarised set of financial statements is an extract from the annual financial statements for the year ended 31 December 2018. The annual financial statements can be obtained from the Scheme's office.

2. ACCOUNTING POLICIES

Policies remained the same as applied in the prior year with the exception of the following.

2.1 Changes in accounting policy

The Scheme has adopted IFRS 9 as issued by the IASB in July 2014 and IFRS 15 as issued by the IASB in May 2014, both with a date of transition of 1 January 2018, which resulted in changes in accounting policies and adjustment to the amounts previously recognised in the financial statements. The Scheme did not early adopt IFRS 9 or IFRS 15 in previous periods.

As permitted by the transitional provisions of IFRS 9, the Scheme did not elect to restate comparative figures. Any adjustments to the carrying amounts of the financial assets and liabilities at the date of transition were recognised in the opening accumulated funds and the revaluation reserve of the current period. There was no material effect on the financial statements due to the adoption of IFRS 15.

3. OUTSTANDING CLAIMS PROVISION

Provision for outstanding claims – incurred but not yet reported

Provision arising from liability adequacy test

Analysis of movements in outstanding claims:

Balance at beginning of year Payments in respect of prior year Over provision in prior year Adjustment for current year

Balance at end of year

Analysis of outstanding claims provision:

Estimated gross claims

LESS: Estimated recoveries from savings plan accounts

accounts

Balance at end of year

Not Covered by Risk Transfer Arrangements	Not Covered by Risk Transfer Arrangements		
2018 R	2017 R		
45,214,468	31,278,602		
45,214,468	31,278,602		
31,278,602 (29,001,565)	22,216,780 (21,365,753)		
2,277,037	851,027		
42,937,431 45,214,468	30,427,575 31,278,602		
45,636,431	31,670,034		
(421,963)	(391,432)		
45,214,468	31,278,602		

NOTES TO THE SUMMARISED FINANCIAL STATEMENTS (Continued)

For the year ended 31 December 2018

The outstanding claims provision is a provision made for the estimated cost of healthcare benefits that have occurred before the year end, but that have not been reported to the Scheme by that date. This provision is determined as accurately as possible based on the following factors:

- actual claims paid in the period subsequent to the year end;
- claims received and recorded by the Scheme, but not yet paid at the date of signature of the annual financial statements:
- claims and procedures authorised by the Scheme, but not yet received by the Scheme;
- · previous experience in claims patterns;
- · claims settlement patterns;
- · trends in claims frequency; and
- changes in the claims processing cycle.

The above factors are used in assessing the outstanding claims provision for the year under review. The primary assumption that has the most material effect on the financial statements is the actual claims paid in the period subsequent to year end as the provision is mainly based on actual claims submitted to 08 April 2019 (2017: 03 April 2018).

There are no variables where a change in that variable could have a material impact on the surplus or members' funds. As a result, a sensitivity analysis is not disclosed.

There are no assumptions that are independent, no reinsurance held and no assumptions used to measure insurance assets. The information on actual claims compared to previous estimates has not been disclosed as any uncertainty about and timing of claims payments is typically resolved within one year.

4. NET CONTRIBUTION INCOME

Gross contributions Less: Savings contributions

Net contribution income

2018	2017	
R	R	
331,188,513	311,773,263	
(20,822,495)	(16,985,565)	
310,366,018	294,787,698	

NOTES TO THE SUMMARISED FINANCIAL STATEMENTS (Continued)

For the year ended 31 December 2018

5. INVESTMENT INCOME

Financial assets at fair value through profit or loss:

Cash and cash equivalents interest income
Financial assets – dividend income
Net realised (loss) on available-for-sale financial assets
Net realised gain on financial assets
(Loss) on revaluation of investments to fair value

Total investment income for the year

2018	2017
R	R
33,010,899	30,985,016
6,744,847	4,842,433
-	(3,948,626)
39,540	-
(16,727,345)	-
23,067,941	31,878,823

Net realised (loss) on available-for-sale financial assets

Realised (loss) on financial assets – available-for-sale - Equity securities

2018 R	2017 R	
-	(3,948,626)	
-	(3,948,626)	

Net realised and fair value (loss) on financial assets at fair value through profit or loss

Net realised and fair value (loss) on financial assets at fair value through profit or loss

- Equity securities

2018	2017
R	R
(16,687,805)	-
(16,687,805)	-

6. RELATED PARTY TRANSACTIONS

Key management personnel and their close family members

Key management personnel are those persons having authority and responsibility for planning, directing and controlling the activities of the Scheme. Key management personnel include the Board of Trustees, Principal Officer and Management Team. The disclosure deals with full-time personnel that are compensated on a salary basis (Principal Officer and Management Team), and part-time personnel that are compensated on a fee basis (Board of Trustees fees – refer note 13). The Management Team comprises of the Scheme executives, financial, operational, clinical, quality and IT managers. Close family members include close family members of the Board of Trustees, Principal Officer and Management Team.

NOTES TO THE SUMMARISED FINANCIAL STATEMENTS (Continued)

For the year ended 31 December 2018

Transactions with related parties

The following table provides the total amount of transactions, which have been entered into with related parties for the relevant financial year.

	2018 R	2017 R
Compensation Short term employment benefits	12,583,425	11,292,927
Contributions and claims Gross contributions received	(264,560)	(274,200)
Claims paid from the Scheme	83,255	86,357
Total related party transactions	12,402,120	11,105,084

Contributions and claims

Contributions paid and claims incurred for the related parties were at the same terms as applicable to all members. No ex gratia payments were awarded to any related party.

The terms and conditions of the related party transactions were as follows:

Transaction	Nature of transactions and terms and conditions thereof.
Contributions received	This constitutes the contributions paid by the related party as a member
	of the Scheme, in their individual capacity. All contributions were at the
	same terms as applicable to all members.
Claims incurred	This constitutes amounts claimed by the related parties, in their individual
	capacity as members of the Scheme. All claims were paid out in terms of
	the rules of the Scheme, as applicable to all members.
Claims reported not yet	These are claims that have been reported, but not yet paid due to the fact
paid	that the Scheme reimburses claims once a month. All claims are settled
	within 30 days of being received.

NOTES TO THE SUMMARISED FINANCIAL STATEMENTS (Continued)

For the year ended 31 December 2018

7. SURPLUS FROM OPERATIONS PER BENEFIT OPTION

2018	Private Choice 2018 R	Private 2018 R	Private Plus 2018 R	Private Comprehensive 2018 R	Total Scheme 2018 R
Net contribution income	56,444,928	123,794,080	69,062,724	61,064,286	310,366,018
Relevant healthcare expenditure	(29,352,553)	(112,499,539)	(56,815,845)	(56,484,801)	(255,152,738)
Net claims incurred	(29,352,553)	(112,499,539)	(56,815,845)	(56,484,801)	(255,152,738)
Claims incurred Third party claim recoveries	(29,352,553)	(113,009,640) 510,101	(56,869,646) 53.801	(56,484,801)	(255,716,640) 563,902
Gross healthcare result	27,092,375	11,294,541	12,246,879	4,579,485	55,213,280
Broker service fees Administration costs	(292,174) (6,773,395)	(1,105,466) (14,851,403)	(357,395) (10,240,890)	(246,760) (7,867,218)	(2,001,795) (39,732,906)
Trustees fees Net impairment gains	(77,359) -	(168,827)	(116,477) 4,293	(89,760) 3,429	(452,423) 7,722
Net healthcare result	19,949,447	(4,831,155)	1,536,410	(3,620,824)	13,033,878
Other income	3,949,684	8,642,615	6,003,229	4,597,465	23,192,993
Investment income Sundry income	3,928,366 21,318	8,595,872 46,743	5,970,986 32,243	4,572,717 24,748	23,067,941 125,052
Net surplus for the year	23,899,131	3,811,460	7,539,639	976,641	36,226,871
Member numbers as at 31/12/2018	2,603	3,372	1,925	1,372	9,272

NOTES TO THE SUMMARISED FINANCIAL STATEMENTS (Continued)

For the year ended 31 December 2018

Member numbers as at 31/12/2017

2017	Private Choice 2017 R	Private 2017 R	Private Plus 2017 R	Private Comprehensive 2017 R	Total Scheme 2017 R
Net contribution income	50,124,663	117,558,205	68,987,555	58,117,275	294,787,698
Relevant healthcare expenditure	(25,285,384)	(96,575,805)	(51,131,489)	(50,289,068)	(223,281,746)
Net claims incurred	(25,285,384)	(96,575,805)	(51,131,489)	(50,289,068)	(223,281,746)
Claims incurred Third party claim recoveries Gross healthcare result	(25,285,384)	(97,271,853)	(51,347,078)	(50,289,068)	(224,193,383)
	-	696,048	215,589	-	911,637
	24,839,279	20,982,400	17,856,066	7,828,207	71,505,952
Broker service fees Administration costs Trustees fees Net impairment gains Net healthcare result	(293,733)	(1,110,450)	(366,300)	(268,353)	(2,038,836)
	(6,192,658)	(14,588,063)	(10,217,518)	(7,652,224)	(38,650,463)
	(113,073)	(264,228)	(185,641)	(139,230)	(702,172)
	-	-	15,368	8,459	23,827
	18,239,815	5,019,659	7,101,975	(223,141)	30,138,308
Other income	5,129,820 5,095,913 33,907	12,130,357	8,481,441	6,349,367	32,090,985
Investment income		12,050,349	8,425,175	6,307,386	31,878,823
Sundry income		80,008	56,266	41,981	212,162
Net surplus for the year	23,369,635	17,150,016	15,583,416	6,126,226	62,229,293

3,346

2,067

1,379

9,406

2,614