

18 November 2022

Dear Colleague

As we move closer to the end of the year, the HR team would like to wish you all of the best for the last stretch of the year.

As we have done in previous years, we would like to provide you with information with regards to the changes on Stellenbosch University's ('the University') medical products for 2023.

We have in the past had queries with regards to why the University makes participation to a basket of medical schemes compulsory for a defined group of employees and we thought it wise that we provide you with a short summary of the factors that Stellenbosch University take into consideration every year in terms of the University's Medical Participation Policy.

Firstly, as mentioned above, the University reviews its Medical Participation Policy every year and this done in consultation with our Healthcare Intermediaries, Alexforbes. The University has a Health Care Committee and this committee meets with Alexforbes three times a year to discuss and evaluate the medical products environment and to review whether the University's members are obtaining value from the products being offered.

In terms of medical scheme participation, the University's decision with regards to the formulation of their Medical Participation Policy rests on three pillars:

1. Potential underwriting concession ('the agreement')
2. Industry benchmarking of medical schemes and medical scheme plans
3. Legacy considerations.

1. The University' underwriting agreement with the approved schemes

There is a benefit to the University for making medical scheme membership compulsory to medical scheme(s). The agreement is called an underwriting concession and this is a standard agreement in the industry that schemes grant to employer groups who have a compulsory medical scheme participation policy in place.

This underwriting concession means that the schemes waive their right, as allowed by die Medical Scheme Act (131/1998), to impose the following on new employees wishing to join the scheme;

- A 3 months' general waiting period (no benefits for the first three months)
- 12 months' exclusion from cover for any existing medical condition (this means that the scheme will not cover any medical expenses related to any existing medical condition for the first year of membership)
- Late Joiner Penalties (LJPs) on persons older than 35 based of previous medical scheme cover (international medical insurance cover is not regarded as creditable cover).

The concession the schemes grant has nothing to do with contributions or benefits. The concession relate to how the schemes will accept new employees onto the scheme.

In order for a scheme to grant an underwriting concession the scheme wants to be guaranteed that a mixture of healthy and sick employees will join the scheme, otherwise the risk is that only the sick will join. The average age of the University's employees is much higher than other employer groups and unfortunately the older you get, the more likely you are to suffer from medical conditions that the scheme has to fund.

If the University therefore did not have the underwriting concession agreement with its schemes in place, any new employee who wished to join DHMS or Medihelp would have been subjected to underwriting. This means that the schemes would have been able to impose the waiting periods and penalties as stated above. It would thus become very difficult to attract any person older than 35 without current medical scheme cover or a person from abroad because if the person was, for example, 40 years old and suffered from diabetes, the scheme would have been able to exclude the diabetes for 12 months and impose a 25% Late Joiner Penalty on the person's contributions. The person would probably not accept the appointment, especially if the person was from abroad.

Coupled to the underwriting concession is also a secondment agreement. This means that if an employee of the University goes abroad on a long-term study leave placement, the employee can 'freeze' his/her medical scheme membership for the period abroad. Upon return to South Africa, the employee can then re-join their scheme without being underwritten.

1. Industry benchmarking of medical schemes and medical scheme plans

Even though the underwriting concession and secondment agreement is very important, it's not the only reason why the University makes membership to, at this point in time and again for 2023, Medihelp or DHMS compulsory. As explained above, the University annually reviews the medical scheme industry to make sure that the schemes in their approved basket, offer value for money when compared to the market. An important point to highlight here is that the review does not aim to find the 'cheapest' medical scheme plans. The aim is to choose schemes that are financially sustainable and plans that offer value for money when both contributions and benefits are considered.

The review is conducted in October of every year and when Alexforbes compares medical schemes to each other they consider aspects such as size, demographic profile and financial sustainability. There is no point joining a scheme that is not financially sustainable because when a scheme fails, the members with claims are last in line to have their claims paid.

Based on Alexforbes' analysis, both Medihelp and DHMS offer very competitive benefits when compared to the largest open medical schemes in the industry and they are also willing to grant an acceptable underwriting concession.

Therefore, when the University considers the needs of its permanent employees, the University is confident that the two schemes on offer to the defined group of permanent employees, compare very well with what the industry has to offer.

2. Legacy considerations

As we are all well aware, the success of a university is built on the work of many employees who have since retired from the employment of the University so the university also have to take the needs of the University's

pensioners into consideration. As such, the Comprehensive plans of DHMS offers by far the most comprehensive cover at an affordable price point.

Exemption framework

We would like to remind employees that the University does have an exemption process in place.

On 19 October 2021, the Rectorate approved the following proposal from the Stellenbosch University Healthcare Committee (SUHCC):

Permanent employees at post levels 1 to 10 who fall within the ambit of having to participate in SU's chosen medical schemes may apply for exemption from participating in the chosen schemes by providing the SUHCC with a written motivation, explaining why they wish to be exempted. The application, therefore, is not for the employee not to belong to a registered South African medical scheme, but only to be exempted from participating in the University's chosen medical schemes. Permanent employees at post levels 1 to 10 are still required to belong to a registered South African medical scheme.

As from 2022, the SUHCC will meet regularly to review exemption applications received, and will decide each application on merit.

Just a friendly reminder that the contributions that are payable for a plan is just one of the considerations when the University reviews an application for exemption and therefore the mere fact that the scheme an employee wishes to move to offers a 'cheaper' plan will not be sufficient motivation to grant an exemption. You will thus have to prove that your circumstances are so unique that the scheme you wish to move to, is the only scheme that would suit your needs.

We hope this feedback provides some background to SU's Medical Participation Policy and if you do have any further queries, please do not hesitate to contact us.

Kind regards



Mr E Abrahams

ACTING CHIEF DIRECTOR: HUMAN RESOURCES

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Health product changes 2023

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Discovery Health Medical Scheme Product Changes 2023

DHMS contribution increase

DHMS announced a **0%** contribution increase for 1 January 2023. The increase has been deferred to **1 April 2023** and will be announced in February 2023. The April increase will not exceed CPI + 3-4%.

- Please [click here](#) for the 2023 contribution table
- Please [click here](#) for the 2023 plan comparison
- Please [click here](#) for the 2023 hospital networks.

Although members will again be allowed to change their plan option on 1 April 2023 when the 2023 increase comes into effect, please note that mid-year changes may result in a claw back or pro-ration of benefits.

New benefits available from 2023

WELLTH fund

In 2023, members will have access to an expanded range of screening and prevention services in order to screen for early detection and management of conditions such as cancer and lifestyle diseases.

The Wellth Fund is activated once all members on a policy – aged 2 years and older – completes an age-appropriate in-person Health Check at a Discovery Health Wellness Network Provider. A Health Check completed in 2022 or 2023 unlocks the benefit for the rest of the 2023 and 2024 calendar years.

The Wellth Fund is a **once-off** benefit and once unlocked, any member on a policy can use any portion of the Wellth Fund. The Wellth Fund will be used before the Medical Savings Account (MSA).

	Benefit
Adult (>18 years old)	+R2 500
Child (>2 years old)	+R1 250
Family	Up to R10 000

Important

- The Wellth fund will lapse at the end of 2024 and will not be renewable
- The Wellth fund is not restricted to only screening and prevention ICD codes/claims and may also be used for specified physical and mental health assessments, check-ups and medical monitoring devices
- No network restrictions apply, however members on Smart and KeyCare plans must use an allocated network GP for relevant services in the basket
- No frequency limits apply, apart from 1 GP visit per person
- Certain clinical frequency limits apply, as per the current Screening and Prevention guidelines
 - Mammograms limited to 1 every 2 years
 - Pap Smears limited to 1 every 3 years

- Colorectal screening limited to 1 every 2 years
- HPV test limited to 1 every 5 years or 1 every 3 years if registered on the HIV Care Programme.

Disease prevention programme

The programme will use advanced predictive modelling to identify members who are at high risk of diabetes or cardiovascular disease. At-risk members will be proactively contacted by a health coach to inform them of their eligibility, after which member consent will be required to enrol on the programme which includes:

- 2 Premier Plus GP consultations
- 2 Nutritional assessments
- 12 Coaching sessions
- Prescribed medication.

Essential Dynamic Smart Plan

In 2023, Discovery will launch the new Essential Dynamic Smart Plan. Based on the particular healthcare needs of a member and the member's location, the member and their Smart GP will be referred to the most efficient Smart hospital with the highest quality of care via the Discovery App or Health ID.

The new Essential Dynamic Smart plan is enabled by the efficiencies of the Dynamic Smart Hospital Network, and will be the most affordable plan in the Smart Series.

Essential Dynamic Smart Plan - 2023

Principal Member	Adult Dependant	Child Dependant
R1 450	R1 450	R1 450

Essential Dynamic Smart members can use any hospital in the Smart Network, with no deductible, until the 2nd Quarter of 2023, after which a non-network deductible of R13 250 will apply for non-emergency admissions. Please note that although this plan has similar benefits to Essential Smart, higher co-payments apply for GP visits (R150), dental check-ups (R220) and there is a lower over-the counter medicine limit of R420 per family per year.

Discovery Health Pay account

As from 1 October 2022, all Discovery Health Medical Scheme members can settle out-of-pocket medical expenses with the Health Pay account.

Health Pay allows members to instantly settle out-of-pocket expenses at participating GPs, pharmacies, hospitals, pathologists, radiologists and other healthcare providers directly from their linked Discovery bank account.

Members first need to activate a free **or** paid Discovery Bank Account in order to activate Health Pay. Members who activate a first-time Health Pay account between 1 October and 31 December will be rewarded with 3,000 Discovery Miles.

Benefit enhancements

International Second Opinion Service

Discovery Health Medical Scheme will enhance the benefits available for international second clinical opinion services. Consultations are covered at 100% of cost on the Executive plan and 50% of cost on all other plans. This will increase from 50% to 75% of the cost of the consultation on all other plans.

Oncology benefit

Oncology Benefit thresholds have been increased by 25% on 1 January 2023.

Plan	2022	2023
	Threshold Limit	Threshold Limit
Executive and Comprehensive	R400 000	R500 000
Classic Smart Comprehensive	R300 000	R375 000
Priority, Saver, Smart and Core	R200 000	R250 000

Note: The Threshold will be pro-rated on 1 January 2023 for members in their 12-month benefit cycle. On KeyCare, cancer treatment is covered as per the Prescribed Minimum Benefits in the KeyCare network or a state facility.

Additional benefit changes

Chronic Illness Benefit

From 1 January 2023, certain formulary changes and chronic drug amount updates will be applied. Members will have until the end of 2022 to make changes to their treatment to avoid or reduce co-payments that may result from the changes. Affected members will receive communication directly from the Discovery Health Medical Scheme.

Benefit limits, co-payments, deductibles and thresholds

Benefit Limits

Benefit limits will be increased by 6%, in line with expected consumer price inflation on 1 January 2023, with the exception of the following benefits, where there is no increase required for 2023 based on the expected utilisation of these benefits;

- Specialised Medicine and Technology Benefit
- International Travel Benefit
- Overseas Treatment Benefit
- Certain surgical items.

Co-payments and Deductibles

Co-payments and deductibles have been increased by 6% for 2023.

Annual Threshold Amounts

The threshold amounts have been increased by 9.9%.

Plan	2022			2023		
	Main Member	Adult	Child	Main Member	Adult	Child
Executive	R23 380	R23 380	R5 390	R31 200	R31 200	R5 920
Comprehensive	R23 420	R23 420	R4 470	R25 740	R25 740	R4 910
Classic Smart Comprehensive	R26 820	R26 820	R910	R29 480	R29 480	R1 000
Priority	R18 940	R14 240	R6 310	R20 820	R15 650	R6 930

Above Threshold Benefit Limits

Plan	2022			2023		
	Main Member	Adult	Child	Main Member	Adult	Child
Executive	Unlimited			Unlimited		
Comprehensive	Unlimited			Unlimited		
Priority	R16 030	R11 440	R5 610	R17 620	R12 750	R6 610

The maximum child dependant accumulation to the Threshold and Above Threshold Benefit amount will be limited to three children.

Vitality benefit enhancements for 2023

Important note from Alexforbes regarding Vitality

Over the last two years, Discovery Health (Pty) Ltd. have linked some of the benefits on the Discovery Vitality (Pty) Ltd. program to the Discovery Bank Limited platform. One such benefit that has been linked to the Discovery Bank platform is the Vitality Travel Rewards where a Vitality member now requires a 'free' Discovery Bank account in order to access the Vitality Travel benefits. The University and Alexforbes would like to remind members that participation on the Vitality program is voluntary. The University does not consider Vitality participation as a key criterion when comparing the benefits of the Discovery Health Medical Scheme (DHMS) on an annual basis to the other medical schemes in the industry. Members are therefore encouraged to review their participation on Vitality in terms of the own assessment and judgment with regards to how the Vitality program functions.

Members are welcome to visit the following link for more information on Vitality https://www.discovery.co.za/vitality/join-today/?gclid=EAlaIQobChMIgJ33krqt-wlVeYFQBh0EoAiuEAAYASAAEgJTJPD_BwE or they can contact Riaan or Marie-Louise from Alexforbes to discuss the advantages and disadvantages of participating on Vitality.

Vitality rates for 2023

Vitality	Monthly Rate
Single	R329
M +1	R399
M +2+	R465

Vitality Active rates 2023

Vitality Active	Monthly Rate
Single	R99
Per Adult Dependant	R59

Medihelp Scheme Product Changes 2023

Medihelp contribution increase

Medihelp announced an average weighted **7.5%** contribution increase for 1 January 2023.

- Please [click here](#) for the 2023 contribution table
- Please [click here](#) for the 2023 plan comparison.

New benefits available from 2023

For 2023, benefit amounts will increase by 5% on all options.

A post-hospital care benefit has been added to MedMove! and MedElect. The benefit provides for physiotherapy, speech and occupational therapy and will be the same across all plans in 2023.

MedMove! and MedElect = The benefit will be R2 100 per member per year or R3 000 per family per year.

Other enhancements

- Oral contraceptive benefits increase by 15% and 20%.

Plan	2023
MedMove!	R100 per month up to R1 300 per year
MedVital	R150 per month up to R1 950 per year
MedAdd	R155 per month up to R2 015 per year
MedSaver	R155 per month up to R2 015 per year
MedElect	R150 per month up to R1 950 per year
MedPrime	R165 per month up to R2 145 per year
MedElite	R170 per month up to R2 210 per year
MedPlus	R170 per month up to R2 210 per year

- For 2023, an intra-uterine device benefit is also available on all plans.
- From 2023 all GP network referrals to a specialist on MedPrime Elect will be removed.
- Unlimited specialised radiology benefits remain; deductibles differ for services in and out of hospital. In 2023, this will now be applied uniformly on these Medihelp plans.

Plan	2023 Deductible: Specialised radiology
MedVital	R3 400 per examination in hospital and R2 900 out of hospital
MedAdd	R3 200 per examination in hospital and R2 700 out of hospital
MedSaver	R3 200 per examination in hospital and R2 700 out of hospital
MedElect	R3 300 per examination in hospital and R2 800 out of hospital
MedPrime	R2 400 per examination in hospital and R1 900 out of hospital
MedElite	R1 900 for examination in hospital and R1 400 out of hospital

Healthcare partnership in 2023

Partnership with Ampath

Medihelp is partnering with the national service provider Ampath as the Designated Service Provider (DSP) for pathology services on the majority of Medihelp's plans in order to facilitate shared pathology results for Medihelp patients and optimise the outcomes of care. PathCare and Lancet will remain the DSP's for MedElect.

Hospital and day procedures network on MedMove!

The network for hospitals and day procedures on MedMove! has been expanded for 2023.

There are now 177-day procedure facilities.

Areas where new facilities were added:

- Lephalale
- Tzaneen
- Bloemfontein
- Nelspruit
- Kimberley
- Stellenbosch
- Cape Town
- East London
- Gqeberha
- Westville, KZN
- Roodepoort
- Johannesburg

56 Hospital

Areas where new facilities were added;

- Knysna
- Alberton
- Vaalpark

A network provider is easy to find

- Visit the Medihelp website at www.medihelp.co.za
- Members can use the Member Zone and Medihelp app.

All other existing networks, designated service providers and preferred providers will remain in place for 2023.

Chronic medication

For 2023 Medihelp will be simplifying the process to order registered chronic medicine

Five easy steps for the registration.

1. Complete the chronic medicine application form
2. Email the form to medicineapp@medihelp.co.za
3. Email script changes with ICD-10 codes
4. The member will be notified of the outcome
5. Order directly from Medipost.

Admed changes 2023

Admed premium increase 2023

The Admed gross premium (including VAT) will increase by 7% for 2023.

Premium	Supreme	Primary
2022	R299 pfpm	R244 pfpm
2023	R320 pfpm	R261 pfpm

New benefit (Supreme Gap)

Allied Professionals shortfall

- The shortfall between what the allied professional has charged and what the medical scheme has paid for in-hospital care following an associated in-hospital or day clinic procedure.
- The benefit is paid up to 3 times the amount paid by the medical scheme from the risk benefit towards in-hospital shortfalls and is limited to R2 500 per policy per year.
- Only the following allied professionals are covered for in-hospital procedures: *Chiropractors, Clinical technologist, Genetic counsellors, Myotherapists, Occupational therapists, Orthoptists, Osteopaths, Perfusionist, Physiotherapists, Podiatrists and Speech pathologists*. If the allied professional is not listed, there will be no cover.

Benefit enhancements

- The shortfall benefit cap will increase from R178 000 to R185 000 per insured person per year.

Supreme Gap enhancements

- The limit for non-DSP cover will increase from R5 000 to R5 500 per policy per year. Percentage based co-payments will also be covered up to this limit. Limited to two per policy per year.
- Robotic procedure co-payments will increase from R10 000 to R12 000 per policy per year.
- The sub-limit benefit will increase from R10 000 to R12 000 per policy per year.
- Internal prosthesis shortfall benefit limit will increase from R30 000 to R35 000 per family per year. The limit for stents and pacemakers will also increase from R6 000 up to R8 000 per claim event.
- The overall limit on the casualty benefit will increase from R20 000 to R22 000. The limit for emergency-only treatment will increase from R3 000 to R3 500. The 'emergency only' age limit for children will also increase from 5 years to 6 years.

Important reminder of what is required to claim from Admed

Should you wish to institute a claim against any of the benefits offered by Admed, the following has to be submitted to Admed:

1. If it's a paper claim, then a completed Admed claims form is required. If the claim is submitted online via the <https://www.admedonline.co.za/claims/form?year=2022> link, then the claim form has to be completed online.
2. A copy of the hospital account if the procedure was done in a hospital or day-hospital
3. A copy of the applicable doctor and / or specialist account(s)
4. A copy of the member's medical scheme statement – not the e-mail the scheme sent. It has to be a pdf statement
5. If claiming for a fixed co-payment, then the letter authorising the admission where it states that a fixed co-payment was required has to be submitted.

Information on how we can help with your plan choice for 2023

Should you be comfortable with the changes on your existing plan and would like to remain on the same plan in 2023, you do not have to do anything. There are no forms to complete in order to remain on the same plan in 2023 as what you participated on in 2022.

Assistance from your Alexforbes consultants

Legal entity review - Alexander Forbes Health (Pty) Ltd

We would like to advise that Alexander Forbes Health (Pty) Ltd, (AFH) FSP number 33471, forms part of an internal restructure within the Alexander Forbes Group to improve efficiencies within the business. This will result in AFH merging with another company within the Alexander Forbes Group, Alexander Forbes Financial Services (Pty) Ltd (AFFS), FSP number 1177, with effect from 1 September 2022. The merged companies will be incorporated under the company registration number 1969/018487/07.

You will also note that Alexander Forbes recently rebranded as is now known as Alexforbes.

The result of the merged entities and the rebranding will not affect the service offered to you.

Your **Alexforbes consultants, Marie-Louise du Toit and Riaan Oosthuizen**, will be available to help you make the right choice for 2023.

Members can click on the link below to book a virtual or telephonic 30-minute consultation session with either of the consultants. When booking please choose either Riaan or Marie-Louise. Please do not choose the 'Anyone' option.

<https://outlook.office365.com/owa/calendar/HealthConsultingHelpdeskServiceCalls@aforbes.onmicrosoft.com/bookings/s/MroOcd7v6kOv75mh681jlw2>

All the information regarding medical scheme plans for 2023 will be available on the SU website from 15 November 2022 (<http://www.sun.ac.za/english/human-resources/hr-documents/policies-procedures>)

Marie-Louise du Toit

Tel: (021) 808 4827 or
dutoitmar@alexforbes.com

Riaan Oosthuizen

Tel: (021) 809 3638 or
oosthuizenr@alexforbes.com

Your Alexforbes consultant will also host information sessions. The sessions will be held in person and also via Teams.

Date	Campus	Time	Place
22-Nov-22	Tygerberg	09:00 - 11:00	Lecture hall 6, first floor Link: Session 1
22-Nov-22	Tygerberg	14:00 - 16:00	Lecture hall 6, first floor Link: Session 2
23-Nov-22	Stellenbosch	09:00 - 11:00	JS Gericke Library – Auditorium Link: Session 3
23-Nov-22	Stellenbosch	14:00 - 16:00	JS Gericke Library – Auditorium Link: Session 4
24-Nov-22	USB- Bellville	09:00 - 11:00	Room 212 – Maroela Link: Session 5
25-Nov-22	Stellenbosch	09:00 - 11:00	JS Gericke Library – Auditorium Link: Session 6
28-Nov-22	Stellenbosch	09:00 - 11:00	JS Gericke Library – Auditorium Link: Session 7
28-Nov-22	Stellenbosch	14:00 - 16:00	JS Gericke Library – Auditorium Link: Session 8
29-Nov-22	Stellenbosch (Pensioners)	09:00 - 11:00	JS Gericke Library – Auditorium Link: Session 9
29-Nov-22	Stellenbosch (Pensioners)	14:00 - 16:00	JS Gericke Library – Auditorium Link: Session 10

We strongly advise that members attend one of the information sessions.

Selfhelp

At Alexforbes our aim is to secure your financial wellbeing for a lifetime. With the rising costs of medical scheme contributions, you may need some assistance in selecting a plan that is both affordable to you and meets your specific health care requirements.

There are several ways we can assist you in better understand your choices and or selecting your plan for next year.

Alexforbes scheme webinars

Alexforbes in conjunction with DHMS will be hosting live webinars as follows:

Product provider	Date	Time	
DHMS	Thursday 17 November 2022	14:00 to 15:30	Please click here to register
	Tuesday 22 November 2022	12:00 to 13:30	
	Thursday 24 November 2022	14:00 to 15:30	
	Tuesday 29 November 2022	14:00 to 15:30	
	Thursday 1 December 2022	12:00 to 13:30	
Discovery Vitality	Thursday 24 November 2022	12:00 to 13:30	
Discovery Vitality	Thursday 1 December 2022	14:00 to 15:30	

Comparison of plans and contributions

Employees can visit the Stellenbosch University Alexforbes website on the following link to compare the various DHMS and Medihelp plans:

<http://www.afhealth.co.za/stellenboschuniversity/Pages/default.aspx>

By clicking on the **Benefit Calculator** on the above mentioned website, any plan comparison can be done and the comparison can be converted into pdf and printed.

How to change your plan for 2023

Members who wish to make a plan change for 2023 will be given the opportunity to make these changes online via the Human Resources link on the University's website. Members will be able to make these changes online from **14 November 2022 until 14h30 on 15 December 2022**.

HOW TO CHANGE YOUR OPTION OR CHANGE YOUR SCHEME FOR 2023 ON THE WEBSITE

Visit the SU webpage at <http://www.sun.ac.za>

Click Language preference 'English'

Choose 'My.Sun'

Choose 'SUN-e-HR'

Enter your **Username and Password**

Click on 'SUN Employee Self Service'

Click on 'Remuneration and Banking'

At 'External Links' choose 'Medical Aid Choice 2023'

Click on 'Choose Medical Aid for 01 Jan 2023'

You will only be allowed to structure your medical scheme option.

CHOOSE YOUR OPTION FOR 2023 NOW

The option to select your option will be under **Struktureringsvoordele / Structuring Benefits**

When clicking on the down arrow all the options will appear. **Click on your chosen option for 2023.**

Once you have made your choice, your MSA and Threshold (if applicable) will automatically appear.

CONFIRM YOUR CHOICE BY CLICKING ON

Once you have clicked on you will receive an e-mail confirming the option choice that you have made for 2023. If you do not receive an e-mail it means that your choice has not been stored in your package structuring and we request that you send an urgent e-mail to dutoitmar@alexforbes.com confirming your option choice for 2023.

The closing date for plan choices is 15 December 2022 at 14h30.

Should an employee wish to move between medical schemes, please contact Marie-Louise du Toit on 021 808 4827 or dutoitmar@alexforbes.com

Disclaimer:

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