

TOP LIVING

bestMed

Winter 2013 Vol. 02

BROKER EDITION

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come dine
with us

Wenke vir
Padveiligheid

WEN
DIS-CHEM
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BEWYSE

Big
Bigger
Biggest
Bestmed

SA'S
10
RICHEST
PEOPLE

ALAN FRITZ:
TO BROKER OR
NOT TO BROKER?



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WORD FROM THE CEO

Driving the Bestmed vehicle in the right direction: Safe and Responsible Choices

It is said that, for as long as you have a system that is based on the rational that if you are making money, you are thereby making a contribution to society, the financial rogue practices will continue. It is, therefore, important that insurance underwriters and brokers are up-to-date with legal developments and that they don't form part of rogue practices.

South Africa has followed in the tracks of most first-world countries and implemented certain legal frameworks for business conduct. This is most evident in the insurance industry, which is a heavily regulated environment.

The surplus of regulations, including new standards such as Anti-Money Laundering and Treating Customers Fairly, has significant implications on their business.

Brokers may think that these regulations do not apply to them because they are exempted through FAIS. However, what must be considered is how clients are impacted by the Consumer Protection Act (CPA) and, as a consequence; brokers must provide risk advice to them, ensuring correct guidance on products to mitigate this risk.

Brokers have to know what changes have occurred in the industry and how this affects their clients' exposure and advise them accordingly. Bestmed strives in elevating its contracted brokers and brokerages.

I hope that you enjoy this issue of Top Living Broker Edition!

Warm regards
Dries la Grange

DIE LEWE IS 'N LIED.

Watter een is joune?



Musiek is bekend daarvoor om 'n baie positiewe uitwerking op 'n mens te hê. Om na ontspannende of stimulerende musiek te luister het die kapasiteit om die menslike liggaam en gees te versnel. Dit is ten volle afhanklik van die tipe musiek wat 'n mens na luister .



In vandag se tyd is dit so maklik om toegang tot musiek te kry; dis alles te danke aan die nuutste tegnologie, wat dit moontlik maak om musiek aan te koop deur, bv. iTunes en ander tegnologie. Sedert musiek begin het, is daar verskeie toestelle ontwikkel wat gebruik word om na daarna te luister, hierdie sluit in: die grammefoon, die kassetpeeler, die 'Walkman', die CD-speler, en die iPod.



Daar is baie ander faktore wat bydra tot die effek wat musiek op die mens het, maar een ding is verseker dat musiek wel 'n positiewe invloed op die mens het. Oor die algemeen is die effek van musiek gewoonlik meer positief as negatief.

WEN! WEN! WEN!

Staan 'n kans om meer as net Baby Tjoklits te wen. Stuur vir ons Die Antwoord van die naam van die enigste musikgroep wat in hierdie paragraaf voorkom na competitions@bestmed.co.za, en jy kan een van twee Dis-Chem koopbewyse wen waarmee jy jou Liefing kan bederf.

Bepalings en Voorwaardes: Die sluitingsdatum vir die kompetisie is 20 Julie 2013. Die beoordelaar se besluit is final en geen korrespondensie sal daarvoor gevoer word nie. Wenners sal telefonies in kennis gestel word. Alle deelnemers, deur vir die kompetisie in te skryf, verleen outomaties en onherroepelik aan Bestmed Mediese Skema, sy opvolgers en regverkrygendes die reg om in sy geheel of gedeeltelik state, foto's, lysste of kwotasies uitsluitlik vir bemerking en reklame doeleindes te gebruik, publiseer of herdruk.

HIGHLY REGULATED BROKER ENVIRONMENT:

IS THIS A CHALLENGE OR AN OPPORTUNITY?

According to Alan Fritz, Executive Head of Marketing and Sales at Bestmed, South Africa's medical industry cannot function without brokers. "Clients see brokers as impartial and tend to listen more to what they have to say to them. They believe that they act in their best interests and will in turn provide them with solutions that best suit them, without punting a specific scheme or its products. The brokers are deemed to be well equipped to provide the best advice on benefit options," says Fritz.

South African brokers operate in a highly regulated environment, which poses challenges for these intermediaries. They are guided by the Medical Schemes Act of 1998 and the Financial Services Board (FSB) regulations. The Medical Schemes Act of 1998 states that any person desiring to be accredited as a broker must apply in writing to the Council. The application must be accompanied by documentary proof of a recognised educational qualification and appropriate experience, among other documentation.

"This legislation," Fritz points out, "sometimes inundates the brokers with detailed administrative functions and expensive compliance, which contributes to a number of well-qualified intermediaries leaving the industry."

Endorsing stringent regulations

The Minister of Health's regulation of the 3% to a maximum of R69 exclusive of VAT as an amount payable by medical schemes to brokers per policy with effect from the 1st of May 2012 has also created challenges for the broker environment. "This current remuneration is viewed as insufficient considering the work that the intermediaries undertake. The only way they can make money is when they have bigger client volumes and this can only happen over a long period," says Fritz.

Sasja la Grange, Corporate Communications Manager at Bestmed adds, "As a medical scheme we appreciate the value of regulations, because there are those few intermediaries who are not honest in their conduct. We, therefore, fully endorse the stringent FSB regulations as it deals with such issues."

In order to ensure that brokers perform to the best of their abilities and meet the challenges in the industry, it is incumbent on medical schemes to ensure that brokers receive the necessary training and understand what that particular scheme's offerings are. Ongoing consultation and training are a necessity in this industry as brokers tend to migrate to schemes that they can work with whilst also providing them with opportunities to make their work simpler and more efficient.

What makes for a good brokerage?

La Grange comments that the weight behind the brand, financial stability, good corporate governance and growth are essential measures for brokers considering distributing and selling a medical schemes product.

"Brokers select a few schemes to work with. They'll make sure that they understand these schemes' languages and will sell their products. It is all about alignment. The broker industry is also categorised in order to provide different solutions for different needs."

In conclusion, both Fritz and La Grange believe that solid relationships, accessibility and training are the key aspects in terms of assisting brokers to deal with the challenges they face. They are of the opinion that the 3% statutory commission is insufficient as compared to the work that the brokers do, in terms of educating potential members, ensuring that members get the right solutions for their unique needs, and all their administrative duties.

"It becomes important to ensure that we lighten their workloads by giving them solutions that will leave them well-equipped to provide a service to their customers. Lastly, as an important part of the industry, we need to recognise brokers for the contribution they make to the industry and the economy of this country. We believe that more brokers will stay in their field when they feel that they are acknowledged and offered the right tools to provide an efficient service," say Fritz and La Grange.

Source
PandP Communications



"Deskercises" to keep fit while on the job

Many people have the problem of a very inactive lifestyle. The main cause of this, is the computer jobs that a lot of people have, they spend up to 8 hours in the office, with little or no walking and go home to sit on a couch then off to bed.

Below are some "deskercises" can be kept under wraps, which will not produce star studded six packs and biceps but will improve your strength and tone your body.

Pump and Run

Pump both arms over your head for 30 seconds like you're "raising the roof." Then, quickly tap your feet on the floor, as if running through tires, for 30 seconds.

Repeat this process for four to six minutes.

The Cubicle Wanderer

Take a stroll down the hall to catch up with coworkers or welcome a new employee. Or, instead of calling and sending lazy emails to the manager two doors down, put in some face time.

The Patient Printer:

Standing with feet shoulder-width apart, press up onto the tippy toes, pause at the top, then lower back down. Repeat for three sets of 12-15 reps, or until the printing, faxing, or scanning is done. Ready to level up? Try raising only one leg at a time.

Seated Crunch

Put your feet flat on the floor, and sit up straight. Put your hands and arms, folded, in your lap. Breathe in deep through your nose, "crunching" your upper and lower abs, pushing your lower back against the chair. Hold for a 3 count and relax, breathing out through your mouth. Do 100, or until your boss looks at you funny.

The Office Genie

Raise the legs into a criss-cross applesauce position while seated in a chair. With your hands on the armrests push upwards to raise the body off the seat and remain floating for 10-20 seconds. After granting a few wishes, release back down to the chair, rest for a minute, and repeat.

The Silent Seat Squeeze

To start toning, simply squeeze the buttocks, hold for 5-10 seconds, and release. Repeat until the agenda wraps up or the gluteus tire. The results will be uplifting in more ways than one.



BESTMED GROWS BIGGER

AND

AMALGAMATES WITH SAPPI MEDICAL SCHEME



Bestmed, one of South Africa's top open medical schemes, recently announced an amalgamation with SAPPI Medical Scheme. The amalgamation is in full effect since 1 April 2013, and will increase Bestmed's membership by 3 500, which will grow its principle membership to over 81 000 principal members.

According to Bestmed's CEO Dries la Grange, a scheme has 2 ways to grow; through organic growth or amalgamating with other schemes. Thus, this amalgamation will provide more membership profile and the Scheme will also gain greater bargaining power.

The large dedicated network of brokers together with the extensive Bestmed distribution network will ensure sustainable membership growth. Sappi members will now also enjoy great benefits as they will become members of a combined and bigger scheme with an estimated 28% reserve, which will create a bigger risk pool with a larger cross-subsidisation base.

Prior to the amalgamation, Sappi was administered by Metropolitan Health, and the medical scheme only had one benefit option which consisted of a Core and Routine Benefit option. Bestmed on the other hand

offers ten benefit options split between the Beat, Pulse and Pace ranges.

Sappi will share in benefits of being associated with the large in-house service management capability of Bestmed.

Colin Mowatt Finance Director of Sappi Southern Africa said, "Bestmed was selected as the Scheme of choice due to its similar values, best practices, financial stability as well as their national footprint. Our staff will continue to enjoy access to top class medical services while also enjoying greater flexibility in coverage options and in most cases significant savings."

Source: FA News: http://www.fanews.co.za/article.asp?Healthcare~6,Medical_Schemes~1078,Bestmed_Strengthens_after_Merger_with_Sappi_Medical_Scheme~13358



CONSOLIDATION IN THE MEDICAL SCHEME INDUSTRY

THREES A CROWD AND TWO HEADS ARE BETTER THAN ONE

The consolidation of medical schemes in South Africa's industry has grown at a rapid rate in recent years and this trend is set to continue as more medical schemes aim to increase their pool of contributors.

Due to economic trends many medical schemes have found themselves having to consolidate. This has not always been an easy decision for medical schemes as consolidation is done via amalgamations or liquidations. Through this, the number of medical schemes has dropped, and thus increasing the number of members and beneficiaries in medical schemes that are operating.

Some of the factors that are responsible for the consolidation or amalgamation of medical schemes are:

Relevant legislative framework governing the industry, which is restraining of the capacity of schemes to properly manage the risks that they are obliged to assume;

The complexity and cost of administering various different benefit options whilst seeking to remain sustainable as a third party funder of claims; and

The relatively low number of lives covered, seen as a percentage of the population, and small measure of annual growth in the number of lives covered.

This surge has inevitably been pushing towards a progressively socialistic private health dispensation being established. This approach can be viewed as uptight with vulnerability, especially in view of the lengthy time frame in which the National Health Insurance (NHI) can be expected to become a fully functional reality.

Thus the longevity in the existing framework will not last - for example our economy is too small to support the comprehensive list off Prescribed Minimum Benefits (PMBs) which medical schemes are exposed to with ever increasing levels of cost and sophistication of treatment.

Source: http://www.pwc.co.za/en_ZA/za/assets/pdf/medical-scheme-survey.pdf

UNDERWRITING SUMMARY

Ts and Cs apply – reading the fine print



	3-mnth WAIT	PMB?	12-mnth condition specific	LJP	Monitor
NO COVER Break > 90 days	Yes (PMB)	No	Yes	Yes	Yes
NOT CONT Cover < 24 months In 90 days	No	Yes	Yes	Yes	Yes
CONT Cover > 24 months In 90 days	Yes (Gen)	Yes	No	Yes	No
Compulsory move	No	Yes	No	No	No

Underwriting

Depending on your previous medical scheme history, your new medical scheme can apply underwriting on your new membership. This means that according to regulation, they are allowed to impose a three-month general waiting period and/or a twelve-month waiting period on an existing illness condition. A Late Joiner Penalty can also be placed. [See "waiting period (condition specific)", "waiting period (general)" and "Late joiner"]

Purpose

From the Medical Scheme's point of view, underwriting is necessary to prevent people from getting medical scheme coverage only when they are sick, pregnant or need medical care. This tendency is called "anti-selection," i.e., a system which attracts high utilisation users while discouraging low utilisers from participating. Supporters of underwriting believe that, if given the ability to purchase coverage without regard for pre-existing medical conditions (i.e., no underwriting), people would wait to purchase health insurance until they got sick or needed medical care. Waiting to obtain health insurance coverage until one needs coverage then creates a pool of members with "high utilisation," which then increases the premiums that medical schemes must charge in order to pay for the claims incurred. In turn, high premiums further discourage healthy people from obtaining coverage – particularly when they realise that they will be able to obtain coverage when they need medical care.

BUSINESS "NOT" AS USUAL

World Wide Woes

There are 100 million internet users in China. Some of the sites they can't access are BBC news and Amnesty International.

Talk about Strategic savings...

American Airlines saved R383, 208.00 in 1987 by eliminating 1 olive from each salad served in first-class.

Let's get the party started

Every 23 seconds a Tupperware party starts somewhere in the world.

Just in case...

Should there be a crash; Prince Charles and Prince William never travel on the same airplane as a precaution.

Did you know?

Yahoo! was originally called 'Jerry's Guide to the World Wide Web'.

Sweden is the largest spender on ketchup.

The first product to have a bar code was Wrigley's gum.

A run for your money

Everyday 20 banks are robbed. The average take is R23 913.25.
Warner Communications paid R250 million for the copyright to the song 'Happy Birthday'.

Take a chance on me

The founder of Fedex once saved the company by taking its last R47, 574.50 and turned it into \$32 000 by gambling in Las Vegas.

David McConnell started the California Perfume Company (CPC) in 1886. Today the company is known as Avon, which he named after his favourite playwright William Shakespeare, and Stratford on Avon.





Jy is nie al een op die pad nie.

Deesdae se motorvervaardigers fokus al hoe meer daarop om hul motors veiliger te maak. Dit is egter van geen nut om die veiligste motor op die pad te hê, as padreëls en padveiligheid nie nagekom word nie.

Roekelose en nalatige bestuur is deel van ons alledaagse lewe. Wanneer jy bestuur, onthou om die volgende veiligheidsmaatreëls toe te pas en ander padgebruikers ook in ag te neem:

VERMY JOU MOTOR SE WINDSKERM



Dra jou veiligheidsgordel - 30% van alle motorongelukke vind plaas ongeveer 5-15km van jou huis af. Hierdie gebeur omdat 'n motoris oorslaan na 'n gemaksone, omdat

hul gewoon is aan die paaie wat hul ken en verloor soms dan konsentrasie.



DIE LEWE IS KORT, MOENIE JOUNE NÓG KORTER MAAK NIE

Hou by die spoedgrens - Nie net sal dit boetekaartjies uit jou posbus uit hou nie, maar dit sal ook verhoed dat jy dalk van jou bestuurslisensie ontnem word.

JOU LAASTE SMS OF OPROEP HOEF NIE JOU LAASTE TE WEES NIE



Moenie jou selfoon gebruik nie - So moeilik soos wat dit is om sonder 'n selfoon klaar te kom, is dit beter om nie 'n selfoon te gebruik wanneer jy bestuur nie, aangesien jy jou en ander motoriste se lewens in gevaar stel.



'N AAND IN DIE SELLE KAN BAIE KOUD WEES

Moenie drink en bestuur nie - As jy beplan om 'n aand uit te geniet, tref die nodige maatreëls om veilig by die huis aan te kom.

#@%*!

Padwoede - Motoriste word aangeraai om hul humeur by die werk of by die huis te los, aangesien dit tot onnodige ongelukke mag lei. Indien jy so iemand teëkom, vermy enige gebare wat die situasie mag vererger.

Die meeste ongelukke vind plaas weens menslike foute. Jy kan nie ander se bestuursvernuf beheer nie, so kyk altyd uit vir ander motoriste en voetgangers, maar meer belangriker, vir jouself.

HET JY GEWEET
dit vat net 40 millisekondes na die impak van 'n ongeluk vir 'n lugsak om op te blaas?



WHAT'S HAPPENING AT BESTMED?



ACE race

We started 2013 with the annual ACE Race. Some 3000 local and neighbouring community members from north-east Pretoria participated in the 10/21km event, held at the Eersterust Stadium.

The race was launched 18-years ago with an initial number of 984 runners and has gone on to take the community by storm. The increase in the number of participants is indicative of the interest in the road race and the Eersterust community came out in large numbers to support and cheer on the runners.

Big, Bigger, Biggest Bestmed TuksRace

Bestmed is a front runner when it comes to strategic sponsorship of sports events. It was our third year of being part of this race. This event comprised 21km, 10km, 5km and 1km race distances and over 13 000 runners, including top athletes and social runners took to the streets of Pretoria.

The Bestmed TuksRace 21km title defending champion, Stephen Mokoka, who completed the race in breaking record last year, managed to win this year's race in 66 minutes.

Irvette van Zyl, the winner of the 2012 Spar 10km women's race claimed her first Bestmed TuksRace 2013 21km championship and aims to add to this achievement by winning more races this year.

This year also saw great names entering like Afrikaans singer Mathys Roets who competed in the wheelchair race and Olympic athlete LJ van Zyl in the 5km race.



Afrikaans singer, Mathys Roets



South African Runner, René Kalmer

Bestmed in Sport Launch



Bestmed in Sport Launch MC, Arnold Geerts

On the 9th of April 2013 we officially announced our sports sponsorships at the University of Pretoria's High Performance Centre. Attendees included high profile guests such as the Deputy Minister of Sport, Mr Gert Oosthuizen and various media houses. We have decided to consolidate our corporate sponsorship with our involvement in the following properties: HPC Sport Science Unit; Tuks Trauma and First Aid to all University sports codes and visiting teams; Tuks Athletics; AmaTuks Football Club; 7 Cycling races and in particular cycling development in Port Elizabeth; Contributing to women empowerment in our sponsorship of the Bestmed ASG pro ladies team; Assisting LJ van Zyl in preparing for world class events. This is in line with the objective of our social investment strategy, which is to contribute to communities in which they do business focussed on health, education, sports development and socio-economic upliftment. As a medical scheme, investing and promoting sports activity is a critical investment in the wellness of Bestmed members in the fight against lifestyle conditions such as cholesterol, diabetes and high blood pressure.

Bestmed Panorama Tour

Post the Bestmed in Sport launch, the Bestmed cycling teams took part in the challenging MTN Panorama Tour from 27 to 30 April 2013. The race was over four stages and covered a distance of 335km. Bestmed's involvement with sports is in line with encouraging a healthy lifestyle through the wellness pillars, namely: Be Active, Be Safe, Be Nutri-Wise and Be Happy. Bestmed has committed funds to the sponsorship of the Bestmed cycling team to echo and support wellness and preventative healthcare.



Deputy Minister of Sport, Mr Gert Oosthuizen



From back left to right: Olympic gold medalist rower Matthew Brittain, Paige Schweiger, AmaTuks captain Tebogo Monyai, Bestmed CEO Mr Dries la Grange, Linda vd Biggelaar, Michelle Benson. **From front left to right:** Zandile Ndhlovu, Ashleigh Blackwell, An-li Kachelhoffer

Bestmed on top of the World with Lee den Hond



Lee den Hond

On 19 May 2013 Lee den Hond became the third South African woman to summit Mount Everest. All funds raised by her were sponsored to the Carte Blanche Making a Difference Campaign in aid of child orphans in Schaumburg, Hartebeespoort.

Bestmed sponsored Lee as we believe it is a key focus for us to make a difference; it is an honour for us that our flag was planted by Den Hond at 8848m above sea level.

BE ACTIVE WITH BESTMED

Bestmed encourages incorporating exercise as part of one's daily schedule to ensure positive change in one's life style.

The events below will be taking place during the course of 2013, and members are encouraged to take part.

Bestmed Jock Cycle Race, 20 July 2013

The 2013 Bestmed Jock Cycle Classique, will feature a new route, and all is in place for another impressive race. Yet it still remains one of the toughest single day road bike challenges. The race will start and finish at the Mbombela Stadium in Nelspruit with the stages linking White River and Sabie to the Louweld for a total 3-stage distance 151km.

Bestmed Annual Golf Day, 28 August 2013

Bestmed's Annual Golf Day will be hosted at the Centurion Country Club. This event will host key stakeholders, corporate clients, and Bestmed employees.

CANSA Sun City Race, 17 August 2013

The CANSA Lost City 2013 Cycling Weekend, will have a road race and a mountain bike event. Both these events will be an official Premier seeding event for the 2014 Cape Argus Pick n Pay Cycle tour. This event will be more exciting with new routes on the mountain bike and road events.

Bestmed Makro Cycle Tour, 7 September 2013

The Bestmed Makro Cycle Tour promises to be yet another exciting and fun filled race for the entire family and a challenging cycle tour.

Bestmed Cycle Challenge, 19 October 2013

The Bestmed Cycle Challenge will be at Pelindaba, Hartbeespoort. It will cover three distances, 114km, 94km, 40km.

Bestmed Campus to Campus, 22 September 2013

The Bestmed Campus to Campus will take place at the North West University, Vaal Triangle Campus, Vanderbijlpark.

Bestmed Expedition Race, 9 November 2013

Set in the beautiful tranquil mountains of Kwa Zulu Natal, this cycling race provides a scenic, memorable yet challenging and exciting experience for the cyclists that take part in this initiative.



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SOCIAL MEDIA AND THE BROKERAGE INDUSTRY

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Timeline About Photos 1,092 Friends 659 More ▼

Status Photo Place Life Event

What's on your mind?



To tweet or not to tweet ?

Facebook, YouTube, Twitter and LinkedIn logos have become the new secondary brand identity in most companies. The question, however, is how can you use these social media tools to your advantage? What are the pros and cons of using social media?

If your customers or target audience is using social media or they expect to find you on social media then perhaps you should consider having a presence on social media.

Keep in mind that by creating a presence, you are setting an expectation among customers and prospects that 'you will be there'. If you cannot invest the time required and use social media as an efficient tool, then you might be shooting yourselves in the foot by establishing a social media presence.

Likes	Unlike
One can get primary leads	It takes time to build an online community
Connect easily with you clients	Error & Omissions - your image and reputation are fully exposed
Improved search engine optimisation	You can start a conversation online but then take it offline
It can be used as a potential tool for servicing clients	Information overload, with busy timelines and full pages
Social media can be used to hire vbroker personnel	Language of social media can often be misunderstood

If you do decide to have social media presence make sure you choose the correct social media. Twitter will not get you clients; the tweet below is a typical example of why it wouldn't work.

@jonnybloom FYI Need a brker? Plz DM 4 info #moneywise #yourhealthmatter #financialadvice.

Though, if you have a strong following on Twitter you could share interesting articles via Twitter which could be of interest to your clients. On the other hand, Facebook and Linked In provide a more professional feel to the message you sending out as they have more space for words and the also have a great space for having the company logo visible.

Now that you know, you can follow, connect or like, with the right mind set.

Like us on Facebook www.facebook.com/BestmedMedicalScheme
 or follow us on Twitter @BestmedSocial

MONEY, MONEY, MONEY IT AIN'T FUNNY IN A RICH MAN'S WORLD

TOP 10 RICHEST PEOPLE IN SOUTH AFRICA

Top 5 richest women in South Africa

1. Wendy Appelbaum - R1,99 billion

Wendy Appelbaum previously served as a director at Liberty Investors, an insurance and real estate firm her father founded. She sold her shares and became cash rich. Along with her husband, she purchased DeMorgenzon, a wine estate in Stellenbosch. She was also a co-founder and Deputy Chairman of Women's Investment Portfolio Limited (Wiphold), an investment company entirely controlled by women. Wiphold has over \$150 million in assets.

2. Wendy Ackerman - R1,46 billion

Along with her husband, Raymond, she controls the Ackerman Family Trust which owns close to 50% of Pick 'n Pay, one of South Africa's largest retail outlets. The US\$3 billion (market cap) company has operations in Namibia, Mozambique, Namibia, Zambia, Zimbabwe and Australia. Wendy serves as an executive director of the group.

3. Sharon Wapnick - R334 million

Her father, fabled businessman Alec Wapnick, founded Octodec Investments and Premium Properties, two property loan stock companies listed on the Johannesburg Securities

Exchange. Sharon is one of the top 5 largest shareholders in each of these companies, and her shares are believed to be worth over \$40 million. In October 2011, Wapnick became the non-executive chairman of Octodec, taking over from her father. She's also a partner at TWB Attorneys, a prominent commercial law firm based in Johannesburg.

4. Elisabeth Bradley - R246 million

In 1961 Bradley's father, Albert Wessels, cornered the exclusive distributorship of Toyota in South Africa. The operation was subsequently called Toyota South Africa, and Wesco Investments, a holding company which Bradley, 74, chairs, owned 58% of the company. In 2008 she sold 25% of Wesco's stake in the company to Japan's Toyota Motor Corp for \$320 million. She reportedly pocketed \$150 million for herself.

5. Judy Dlamini - R124 million

A non-executive chairman at Aspen Pharmacare, Judy is one of the richest women with a total value of R156.6-million in listed investments. Her wealth has landed her in the 151st position on the rich list.





Top 5 Richest men in South Africa

1. Ivan Glasenberg - R61,48 billion

Ivan Glasenberg, the Chief Executive of mining and trading giant Glencore International, landed the deal of a lifetime in 2012 by orchestrating the takeover of mining company Xstrata. The deal still faces hurdles but once it's final -Glasenberg will emerge as the new company's CEO and second-biggest shareholder after the emirate of Qatar.

2. Nicky Oppenheimer - R50,44 billion

Diamond magnate Nicky Oppenheimer made a pivotal decision in November 2011 to sell his family's 40% stake in De Beers, the world's largest diamond producer, to mining behemoth Anglo American for \$5.1 billion. The all-cash deal marks the end of Oppenheimer's control of De Beers, a relationship that began when Nicky's grandfather, Ernest Oppenheimer, took over the firm in 1927. (Ernest also founded Anglo American in 1917.)

3. Patrice Motsepe - R26,68 billion

Mining magnate Patrice Motsepe is South Africa's first and only black billionaire. His publicly traded mining conglomerate, African Rainbow Minerals (ARM) has interests in platinum, nickel, chrome, iron, manganese, coal, copper and gold. He also holds a stake

in Sanlam, a publicly traded financial services company outside Cape Town, and is the president and owner of the Mamelodi Sundowns Football Club which has had an incredibly rough season.

4. Johann Rupert - R23,42 billion

Johann Rupert's fortune has grown an astounding 30% over the course of the past year, due largely to the thriving fortunes of his Swiss-based luxury goods outfit, Compagnie Financiere Richemont. The stock has jumped more than 50% year-on-year. His fortune is further buoyed by stakes in investment holding companies Remgro and Reinet. Yet he remains an avid golfer.

5. Christo Wiese - R13,93 billion

Christo Wiese, is the Chairman and the largest single shareholder of Africa's biggest retailer, low-priced supermarket chain Shoprite. He also owns a large stake in discount clothes, shoes and textiles chain Pepkor, where he is executive chairman. Wiese is significantly invested in seven publicly traded companies, and those stakes are worth approximately \$500 million more than they were a year ago.





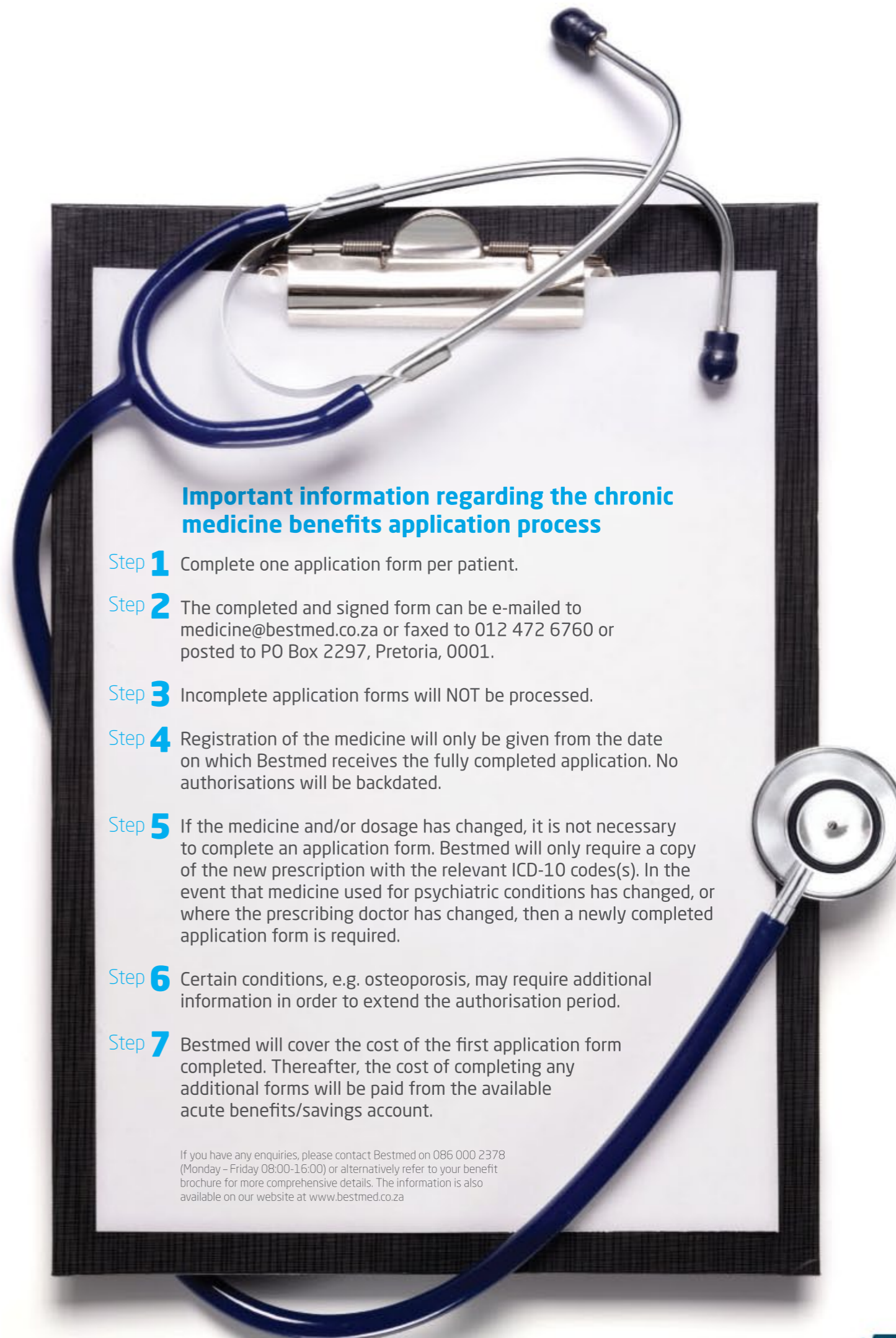
BESTMED

CHRONIC MEDICINE APPLICATION PROCESS

It is compulsory to register all the chronic condition/s in order to receive funding from the chronic medicine benefits. Once approved, you will only have to present the Doctor's prescription at the pharmacy to have the approved chronic medicine dispensed and reimbursed from the chronic medicine benefit.

Some of the CDL and non-CDL chronic conditions require additional clinical information in order to qualify for registration. Before Bestmed can process the application, it is necessary for them to receive a report from the appropriate treating Specialist, together with specific clinical information. The conditions where additional information is needed, with the specific information required for each chronic condition, are listed below.

Condition	Specific Requirement
Chronic Obstructive Pulmonary Disease (COPD)	COPD questionnaire to be completed
Diabetes	Diabetes questionnaire to be completed and submitted together with the HbA1c blood test results and/or fasting blood glucose results, pre-treatment value and current values
Epilepsy	EEG report must be submitted with the application
Hyperlipidaemia	Hyperlipidaemia questionnaire to be completed. Lipogram results (initial and/or most recent) to be submitted with the application
Osteoporosis	Osteoporosis questionnaire to be completed. Bone Density (BMD) test results to be submitted (initial and most recent)
Psychiatric conditions	Psychiatric questionnaire to be completed by a Psychiatrist
Rheumatoid Arthritis	Rheumatoid Arthritis questionnaire to be completed initially by a Rheumatologist



Important information regarding the chronic medicine benefits application process

- Step 1** Complete one application form per patient.
- Step 2** The completed and signed form can be e-mailed to medicine@bestmed.co.za or faxed to 012 472 6760 or posted to PO Box 2297, Pretoria, 0001.
- Step 3** Incomplete application forms will NOT be processed.
- Step 4** Registration of the medicine will only be given from the date on which Bestmed receives the fully completed application. No authorisations will be backdated.
- Step 5** If the medicine and/or dosage has changed, it is not necessary to complete an application form. Bestmed will only require a copy of the new prescription with the relevant ICD-10 codes(s). In the event that medicine used for psychiatric conditions has changed, or where the prescribing doctor has changed, then a newly completed application form is required.
- Step 6** Certain conditions, e.g. osteoporosis, may require additional information in order to extend the authorisation period.
- Step 7** Bestmed will cover the cost of the first application form completed. Thereafter, the cost of completing any additional forms will be paid from the available acute benefits/savings account.

If you have any enquiries, please contact Bestmed on 086 000 2378 (Monday – Friday 08:00-16:00) or alternatively refer to your benefit brochure for more comprehensive details. The information is also available on our website at www.bestmed.co.za



GET YOUR BIOMETRIC SCREENING DONE

WHAT IS A BIOMETRIC SCREENING?

A biometric screening is a short health examination that determines the risk level of a person for certain diseases and medical conditions. These screenings include finger prick tests for:

- Glucose levels
- Cholesterol levels
- Body Mass Index (BMI)

WHY SHOULD I GO FOR A BIOMETRIC SCREENING?

Prevention is better than cure. These tests promote good health, health awareness, and health education.

WHO CAN GO FOR A BIOMETRIC SCREENING?

ALL Bestmed members and dependants older than ten years may use this benefit once a year.

WHERE CAN YOU GO TO GET A BIOMETRIC SCREENING?

At selected Clicks, Dis-Chem or Script Savers pharmacies



A maximum amount of R110 will be reimbursed from the Scheme risk benefit and will not impact your day-to-day benefits.

We provide cover for preventative care benefits on all our benefit options. For further information on preventative care benefits, visit our website www.bestmed.co.za



Vanessa Premnand

Managed Healthcare Operations



Dhires Ramdeen

Claims and Client Services

Branding, Communications, Marketing & Distribution

HEAD OFFICE

Bestmed Medical Scheme

At Bestmed there are no medical mysteries or investigations, just staff that strategically move around the building to ensure that Bestmed operates smoothly as one of the Top open medical schemes in South Africa.

Meet the management that makes Bestmed a winning team.

Managed Healthcare Operations

This department looks at Hospital Benefit Management, Wellness & Disease Management and Pharmaceutical Benefit management.
Vanessa Premnand - Pharmaceutical Benefit Management Manager
Dr Elsabe Hammann - PMBs Manager

IT and Corporate Governance

IT handles Risk, Corporate Governance, Research, Planning and Webmastering
Rentia Aspeling - IT Manager
Anelia du Plessis - Corporate Governance Manager

Service Provider

Service provider handles contracting, research, and provider relations for various service providers.
Leon Scheuer - Provider Relations Manager

Individual and Corporate Membership

Operations, individual business manager, corporate business manager
Lorraine Gouws - Membership Individual Business Managers
Zanelie Pretorius - Membership Corporate Business Manager

Claims and Client Services

This department handles operations, client services and Claims
Dhires Ramdeen - Client Service Manager

Branding, Communications, Marketing & Distribution

This department handles Business Development, Brand and Loyalty rewards, Sales and corporate communications.
Michael Tsiane - Direct Sales Manager

Finance and Procurement

Financing handles all procurement , operations and general finance.
Zelda de Beer - Reporting Manager
Gao Dire - Operations Manager



Dr Elsabe Hammann

Service Provider



Leon Scheuer

**Who?
What?
Where?**



Michael Tsiane

IT



Anelia du Plessis



Rentia Aspeling



Zelda de Beer

Finance and Procurement



Gao Dire



Zanelie Pretorius

Individual and Corporate Membership



Lorraine Gouws

GROWTH IN MEMBERSHIP AT BESTMED

2012 VS 2013

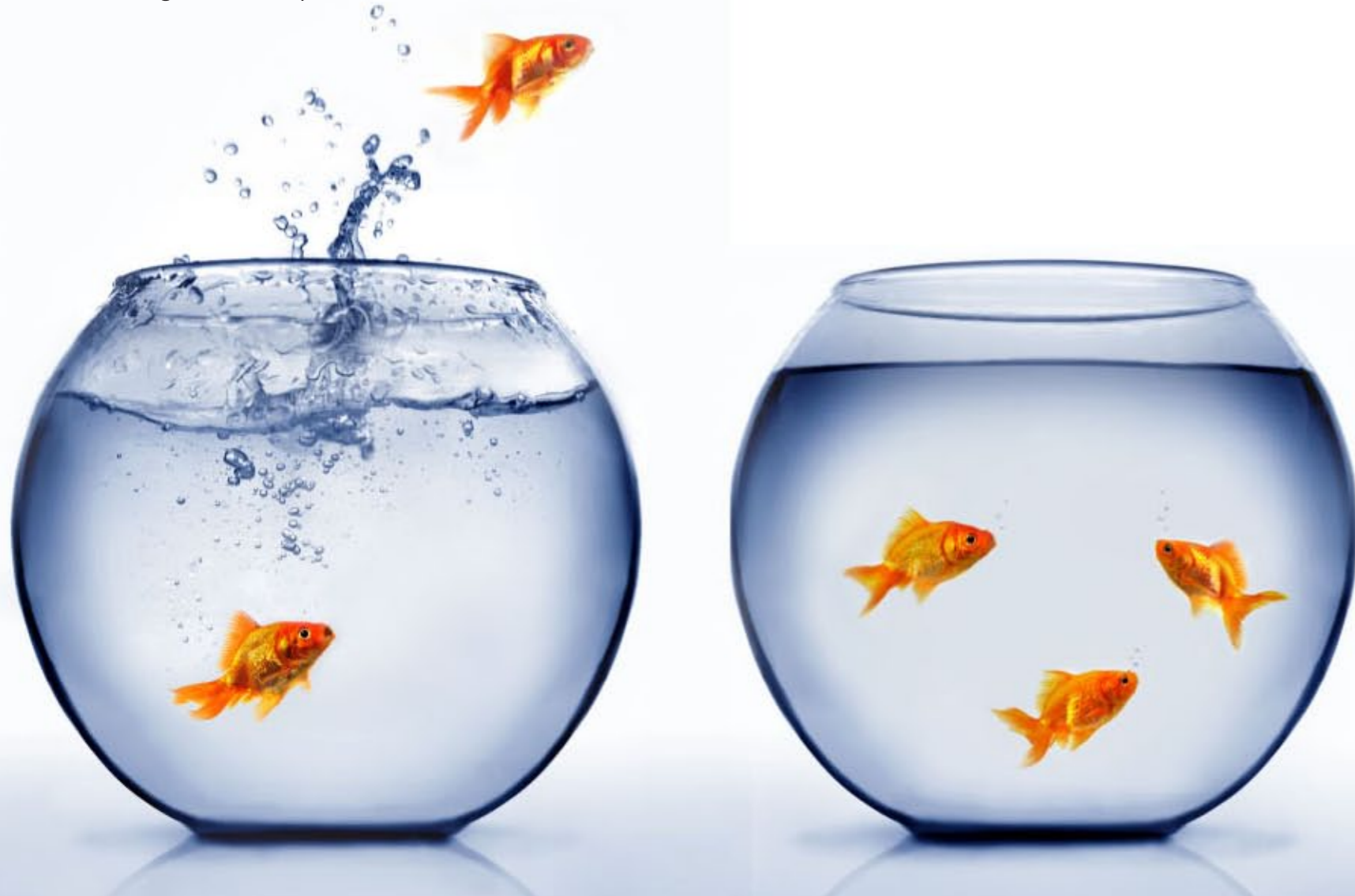
Since its inception, Bestmed has experienced consistent membership growth. The Scheme's membership is growing significantly higher than the average growth of the open medical scheme industry. The increase in membership has continued well into 2013. This implies that Bestmed provides medical cover to in excess of 180 000 lives, i.e. members and their dependants.

Bestmed now also provides medical benefits to second-generation dependants who have

opted to become principal members. This is a resounding endorsement of Bestmed's service and value.

Twelve month comparison:

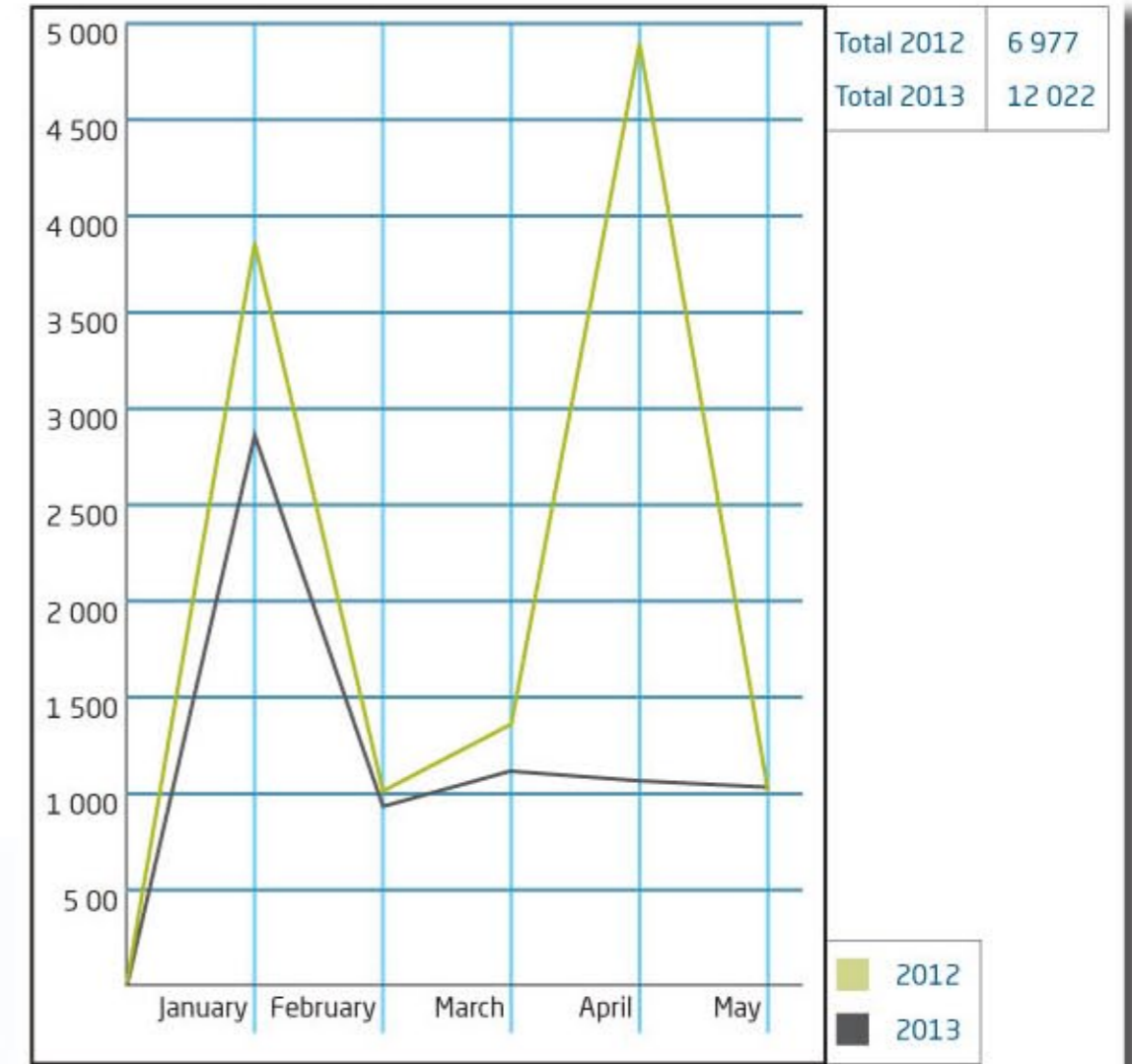
A comparison of the reporting month is done on the previous month, the beginning of the year and the same month one year ago.



Growth in membership by province for the whole period selected 1 January 2013 to 1 May 2013.

The chart below illustrates the growth in principle members for the period of January to May 2012/13.

Bestmed aims to establish and maintain long-term relationships, built on mutual trust and integrity; to provide affordable, excellent healthcare solutions; to be accessible and provide personalised advice to all members.



Month	Membership	
	2012	2013
January	2 739	3 880
February	909	1 051
March	1 154	1 302
April	1 102	4 768
May	1 073	1 021
Total	6 977	12 022



COME DINE WITH US

Boil the eggs in boiling water for 5 min, for a soft egg, or a few more minutes to taste. Strain and cover with cold water. Allow to cool and then peel the eggs. Heat the oil in a frying pan and fry the mushrooms and tomatoes, season with salt and black pepper. Arrange the slices of toast on a plate top with tomatoes, mushroom and the egg. Garnish with basil or pea shoots.



With winter approaching fast, many of us tend to fall off the healthy eating wagon and start piling up those extra kilo's.

Here are a few simple, tasty and easy to make recipes for you to try out.

How well can you cook? How healthy can you cook? Try these mouth-watering recipes and give yourself a score out of 10.



BREAKFAST

Toasted rye with soft boiled eggs and mushroom

Eggs on rye toast are a super idea for breakfast as both are rich in B-vitamins.

Serves 4

4 eggs

30 ml (2 tbsp) olive oil

4 brown mushrooms

2 tomatoes, sliced

Salt and ground black pepper

8 slices rye bread, toasted

A handful of basil or pea shoots, to serve

LUNCH

Green chicken curry

Chicken breast contains high levels of tryptophan. That means eating some chicken after particularly stressful day can help you to get more restful sleep.

30 ml (2 tbspt) olive oil

4 chicken breasts, sliced into strips

2 cm fresh ginger, peeled and grated

Fresh chillis, de-seeded and chopped

2 garlic cloves, chopped

1 x 400 g tin low-fat coconut milk

125 ml (1/2 cup) chicken stock

100 g mange tout

100 g fine green beans

300 g baby spinach

80 ml (1/3 cup) peanuts, toasted

Brown rice, to serve



Heat the olive oil in a frying pan and add the chicken strips, fry until golden brown. Add the ginger, garlic and chilli and fry for 3 min. Add the coconut milk, chicken stock. Bring to the boil then reduce the heat and simmer for 15 min. Add the mange tout and green beans and simmer for a further 20 min. Stir in the baby spinach and sprinkle with the peanuts. Serve with brown rice.

DESSERT

Date and Nut Roll

If you crave sweet snacks you should pre-empt it by making healthier snack options. Almonds are a great source of Vitamin B, magnesium and zinc.

Makes 4 rolls

750 ml (3 cups) fresh dates, pitted

250 ml (1 cup) prunes, stones removed

45 ml (3 tbsp) orange juice

125 ml (1/2 cup) sunflower seeds

125 ml (1/2 cup) almonds, chopped

zest of 1 lemon



Soak the dates and prunes in the orange juice until soft. Place sunflower seeds, almonds, lemon rind and dates in a food processor; process and pulse until it comes together, but not completely smooth. Divide the mixture into 4 and spoon onto plastic wrap. Roll bars tightly in plastic wrap. Chill in refrigerator for an hour. Remove wrap and roll in icing sugar. Cut into slices and enjoy.



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- Repeat medication reminder service.
- Call and we'll pre-pack your meds for collection, so you can avoid the queues.
- Preferential dispensing fees for BESTMED Medical Scheme members, to save you serious money.
- Assistance with medical scheme authorisations.
- Generic substitutions to stretch your annual scheme benefits.

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National Health Insurance

Is the future looking bleak?

The National Health Insurance (NHI) is a planned insurance scheme by Government. The purpose of the NHI is to make sure that all South Africans have access to private healthcare facilities regardless of their socio-economic and financial status. The NHI promises universal access to do away with user fees at the point of service and proposes that the burden of the cost should be on the rich through taxation and a specific NHI contribution that all people earning above a certain threshold, must make on a sliding scale.

According to the latest Government reports and pronouncements the NHI will work like a medical insurance, where all South Africans will be able to consult with private medical practitioners in private healthcare facilities, and then these service providers will claim from the NHI. The funding model for the NHI will be implemented in such a way that it will be compulsory for all South Africans who earn a taxable salary to contribute towards the NHI. It will be up to an individual to continue to belong and contribute to a private medical aid as well. SARS will be responsible for collecting the revenue for the NHI, and it will also get a large amount of its funds from general taxes. This will result in no tax subsidies for those who choose to remain on a medical aid scheme.

Once the NHI Fund has been fully established, it will be responsible for it to paying for the services provided by contracted service providers. Participation in the NHI will be voluntary for doctors,

dentists, specialists and other healthcare providers. They can continue to serve patients who choose to pay them privately. To enrich Government's insight in the feasibilities of running the NHI, pilot studies have been rolled out in a few provinces as of April 2012.

However, the biggest threat to the NHI is the unequal distribution of health professionals between the private and public sector, and between urban and rural areas. Only 3 out of every 10 doctors on the professional register work in public hospitals and clinics and there are still professionals who opt to work abroad than in South Africa. This also outlines that there have to be radical changes implemented in the South African health system, for the NHI to work.

Medical schemes can also continue to function alongside the NHI. However, because Government will no longer provide tax subsidies for medical scheme contributions, we expect that very few people will continue with medical scheme contributions.

At this stage, it is evident that a great deal of investigation and planning still has to take place before the scheme can be successfully launched.

Source:
<http://www.doh.gov.za/list.php?type=National-Health-Insurance>,
http://www.masterbuilders.co.za/news/2011/August/what_is_the_proposed_national_health_insurance_nhi.htm,
http://www.doh.gov.za/docs/publicity/2011/nhi_english.pdf



OUR BESTBABY PROGRAMME

Bestmed proudly presents the new look for our BestBaby programme for all the excited moms and dads-to-be.

Why register with BestBaby?

The BestBaby programme is created to help moms and dads through the entire pregnancy without missing a beat. Upon registering with BestBaby, you will have access to a 24-hour professional medical advice line. You will receive weekly e-mails packed with convenient information about your pregnancy, your baby's development, how to deal with unpleasant pregnancy symptoms and useful tips. Dads won't be left out as they will also receive e-mails every second week to inform them about the baby's development and Mom's progress.

What to expect after registration?

To make sure your pregnancy starts right you will receive a welcome pack containing an informative pregnancy book to guide you through the stages and discount vouchers for various baby items. Mom and Dad can also expect a pregnancy health pack, with fast mail, within the first month of registration.

In the 2nd month after registration

In your second month after registration, we will send you a beautiful baby bag, to your door, packed with products to use after baby's birth. Moms-to-be can expect their bag to contain wonderful products such as: Pigeon Baby Oil, Pigeon Baby Shampoo, Pigeon Wipes, Bennett's Aqueous Cream, Huggies Nappies, a beautiful hoody set for your baby, and samples to try.

At your baby's birth

Congrats Mom and Dad! At baby's birth, you can expect our happy congratulations and continued e-mails to support you in baby's first weeks.

When can you register?

At or after your 12th week of pregnancy you can register with BestBaby.

How can you register?

Call us on 0861 111 936 and we will register you on BestBaby. You can also e-mail us with your medical aid number and contact details to info@babyhealth.co.za and we will call you to register.





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We now have the generics of most prescription Cold & Flu Medicine*. All generics on the formulary below are R25 or less per product, please advise patients if substitution is suitable. *Formulary applies.

PRESCRIPTION MEDICATION

FORMULARY LIST 2013

PRODUCT	PACK SIZE	PRODUCT	PACK SIZE
ANTIBIOTIC		MUCO./BRONCHODIL. COMBINATION	
· Amoclan 375mg tab	15's	· Adco-Linctopent syrup	100 ml
· Amoclan 625mg tab	15's	· Adco-Linctopent syrup	200 ml
· Amoclan SF syrup	100 ml	· Diphenamill	200 ml
· Amoclan S syrup	100 ml	CORTISONE	
COUGH		· Adco-Prednisolone syrup	50 ml
· Brunacod	100 ml	PAIN/FEVER	
· Docsed	100 ml	· Adco-Dol	20's
· Tussitot	100 ml	· Adco-Mefenamic acid suspension	200 ml
DECONGESTANTS		· Ibugesic suspension	100 ml
· Acufly	100 ml	· Pynmed syrup	100 ml
· Flutex effervescent	12's		
· Sinu-Flu	20's		

Valid until 31 December 2013