NBCRFLI
National Bargaining Council for the Road Freight and Logistics Industry
Your Road Freight Partner.

The Full Request for Proposal (RFP)

REQUEST FOR PROPOSAL

(Proposal No. RFB458/2025) Procurement of Service Provider(s) for Integrated Health Services

(Health Insurance Plan and HIV Management Services)

Procurement process administered by Moeti Kanyane Incorporated

Registered Office 31 De Korte Street, Braamfontein, Johannesburg, 2017
Private Bag X69, Braamfontein, 2017 **Tel** 011 703 7000 **Website** www.nbcrfli.org.za

Contents

SECTION 1: FORMAL REQUEST FOR PROPOSAL

1.1 INTRODUCTION

1.1.1 The purpose of this request for proposal (RFP) is to appoint a suitably qualified and experienced service provider to deliver the underwriting and administrative services of the Integrated Health Services of the National Bargaining Council for the Road Freight and Logistics Industry (NBCRFLI) for a contract period of three (3) years from 1 March 2026 to 28 February 2029. The current service provider has been contracted to 28 February 2026.

1.1.2 Bidders are given the opportunity to request clarifications or make enquiries regarding this RFP as set out below in section 1.5 below.

1.1.3 Bidders are requested to propose:

1.1.3.1 for health insurance of the Integrated Health Services Program's Benefits;

1.1.3.2 to administer the health insurance benefits as detailed in section 2; and

1.1.3.3 the delivery of their services based on a provisional service level agreement as detailed in section 4.

1.1.4 Appointment as a successful Bidder shall be subject to the signing of the Service Level Agreement with the NBCRFLI. In the event of the parties failing to reach such agreement within 30 days from the appointment date, the NBCRFLI shall be entitled to appoint another bidder at its discretion.

1.2 INTERPRETATION

1.2.1 In this RFP, unless otherwise stipulated or the context clearly indicates the contrary, the following words and expressions shall have the meanings assigned to them:

"**Bidder**" – the natural or juristic person submitting a proposal.

"**Contract**" – the agreement which shall come into effect between the NBCRFLI and the Bidder upon the conclusion of negotiations and signature of an agreement between the NBCRFLI and the successful bidder.

"**Contract Period**" – a period of 36 months from 1 March 2026 to 28 February 2029.

"**Proposal**" – a submission by the bidder in response to this RFP.

"**ARV**" – Antiretroviral Treatment.

"**Integrated Health Services program**" – the Integrated Health Services program is a health insurance plan and HIV Management Services.

"**NBCRFLI**" – The National Bargaining Council of the Road Freight and Logistics Industry with its head office at 31 De Korte Street, Braamfontein, Johannesburg.

1.3 DEADLINE FOR SUBMISSION OF ELECTRONIC COPY

1.3.1 Prospective bidders are required to also submit an electronic copy of their proposal, through a USB drive by no later than 12h00 on **07 July 2025.**

1.4 FRAUD AND CORRUPTION

All bidders are to take note of the implications of contravening the Prevention and Combating of Corrupt Activities Act, 12 of 2004, the Competition Act, 89 of 1998 and any other Act applicable. Successful bidders will be required to sign NBCRFLI's Code of Conduct for Service Providers.

1.5 CLARIFICATIONS

1.5.1 Telephonic requests for clarification will not be accepted. Any clarification required by a bidder regarding the meaning or interpretation of any part of the Request for Proposals or any other aspect concerning the bid, is to be requested in writing (by e-mail) from ihstender@kanyane.co.za by not later than 12h00 on 20 June 2025. Queries received after the deadline will not be responded to.

1.5.2 The bid number must be mentioned in all correspondence. Where appropriate, the clarifying information will be made available to all bidders by e-mail only.

1.6 SUBMITTING PROPOSALS

1.6.1 The deadline for submission of proposals is **12h00 on 07 July 2025**.

1.6.2 An original printed version of the proposal must be submitted plus three (3) separate copies. The original version must be signed in ink, but the additional three (3) separate copies of the original do not have to be signed in ink. **Only proposals that are submitted as one original and three separate copies will be accepted.**

1.6.3 The proposals must be submitted in a sealed envelope and delivered at:

Moeti Kanyane Inc – Reception,

Second Floor, Building B

Westend Office Park

250 Hall Street

Centurion

0157

1.6.4 The proposal box is open: 8 hours per day, 5 days per week.

1.6.5 Proposals received at the physical address after the closing time and date above shall be deemed to be received late and will not be considered for evaluation. Proposals received late shall be returned unopened where possible to the bidder. Bidders are therefore strongly advised to ensure that proposals are dispatched, allowing enough time for any unforeseen events that may delay the delivery of the proposal.

1.6.6 All proposals must conform to the minimum requirements as set out in this document and be submitted with the content and in the format specified in section 1.18 below. Additional information may be provided at the discretion of the bidder as provided for in the format specification.

1.6.7 Notwithstanding any possible shortcomings in the specifications, the bidder must ensure that the services offered will form a complete and functional solution in respect of the services proposed by the bidder for the Integrated Health Services program of the NBCRFLI.

1.7 VALIDITY

Tenders shall remain open for acceptance for hundred and twenty (120) days from the closing date or for any date thereafter at the sole discretion of the NBCRFLI.

1.8 NEGOTIATIONS AND CONTRACTING

1.8.1 The NBCRFLI has the right to enter into negotiations with one or more bidders regarding any terms and conditions, including price(s), of a proposed contract.

1.8.2 The NBCRFLI shall not be obliged to accept the lowest or any other quotation, offer or proposal.

1.8.3 The NBCRFLI also reserves the right to enter into one contract with a successful service provider for all required health services or into more than one contract with different service providers for different services.

1.8.4 A contract will only be deemed to be concluded when reduced to writing in a Service Level Agreement signed by the authorized responsible person of both parties.

1.8.5 Under no circumstances will negotiation with any bidders constitute an award or promise / undertaking to award the contract.

1.9 BIDDERS TO BE INFORMED OF THE ACCEPTANCE OR OTHERWISE OF THEIR PROPOSALS

All bidders will be informed of the status of their proposal once the procurement process has been completed.

1.10 REASONS FOR REJECTION

1.10.1 The NBCRFLI shall reject a proposal for the award of a contract if the recommended service provider has committed a corrupt or fraudulent act in competing for the particular contract or recommended service provider contravenes NBCRFLI's Code of Conduct for Service Providers.

1.10.2 The NBCRFLI may disregard the proposal of any bidder if that bidder, or any of its directors:

1.10.2.1 Have committed fraud or any other improper conduct in relation to this procurement process;

1.10.2.2 Have failed to deliver on any contract awarded by NBCRFLI in the past; or

1.10.3 No reasons for not accepting a bidder's proposal need be given to the bidder or any other party by NBCRFLI.

1.11 PREMIUM RATES / FEES

1.11.1 The final premium rate / fee schedule will be negotiated with the successful bidder and included in the Service Level Agreement between the NBCRFLI and the successful Bidder(s).

1.11.2 Payment for services forming part of the specified functions being co-administered and / or sub-contracted by the successful Bidder(s) must form part of the agreed contract premium rate / fee paid by the NBCRFLI to the successful Bidder. No additional fee shall be charged to the NBCRFLI.

1.12 CANCELLATION OF PROCUREMENT PROCESS

This procurement process can be postponed or cancelled at any stage at the sole discretion of the NBCRFLI provided that such cancellation or postponement takes place prior to entering into a Service Level Agreement with a specific successful Bidder to which the proposal relates.

1.13 CONFIDENTIALITY STATEMENT

1.13.1 The information contained in the RFP document is solely for the purpose of providing bidders with the information on which to submit their proposals. It is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged information and material. Any review, retransmission, dissemination, or other use of, or taking any action, in reliance upon this information by persons or entities other than the intended recipient, is prohibited.

1.13.2 Recipients of this document shall respect the confidentiality of the information contained herein together with any other information obtained during the course of the RFP process. Upon acceptance of this document, bidders agree to ensure that their employees, consultants and agents are aware of the confidentiality

requirements stated herein, and not to make any other use of such information and material other than as contemplated in this document.

1.14 CONTRACT TERMS

The NBCRFLI will negotiate terms and conditions of contract upon selection of successful bidder(s). The contract will be subject to review by NBCRFLI appointed legal counsel, and provisions of this RFP and the contents of the successful responses may be included in the contract.

1.15 CRITERIA FOR EVALUATION OF PROPOSALS

1.15.1 The NBCRFLI will evaluate proposals received in its sole discretion and may engage with one or more bidders for clarification of their proposals *inter alia* through personal interviews with bidders and key officials of bidders. In addition, the NBCRFLI may, at its discretion, conduct on-site visits and due diligence investigations of bidders before the contract is awarded to successful bidder.

1.15.2 The NBCRFLI will notify unsuccessful bidders whose proposals are not accepted. However, the NBCRFLI is under no obligation to furnish reasons for its decision to appoint or to not appoint any bidder.

1.15.3 Bidders must comply with the proposal specifications set out in sections 1.3, 1.5, 1.6, 1.9, 1.11, 1.15, 1.18, and 1.19. The principal criteria to be used by the NBCRFLI to evaluate proposals are to identify the bidder which in the considered opinion of the NBCRFLI, amongst others:

1.15.3.1 is allowed by law to offer the services required in terms of this RFP;

1.15.3.2 will offer underwriting services and perform administration of the Integrated Health Services program at the most economically viable premium;

1.15.3.3 has been providing health insurance and administration services concerning Integrated Health Services for at least 5 continuous years as at the date of submitting its response to this RFP;

1.15.3.4 has maintained in aggregate an average of 90 000 active members/policyholders over a period of not less than 5 years as at the date of submitting its response to this RFP;

1.15.4 The Bidders will also be required to clearly demonstrate the following to the NBCRFLI within 30 days of being identified as the preferred bidder.

1.15.4.1 The Bidder's ability to handle additional policyholders in the event of a sudden influx of policyholders and their ability to upscale;

1.15.4.2 Demonstrate the application and functioning of their infrastructure;

1.15.4.3 Demonstrate its turnaround time concerning claims handling;

1.15.4.4 contract in a manner that is entirely compliant with all relevant legislation or regulations and/or exempted from legislation or regulations which may otherwise be relevant; and

1.15.4.5 Conduct its business with the NBCRFLI in a totally ethical and professional manner.

1.15.5 The evaluation process will be conducted, in line with the NBCRCFLI's Procurement Policy and taking into consideration following:

1.15.5.1 the information disclosed in the proposal,

1.15.5.2 further clarification through due diligences or otherwise, and

1.15.5.3 any other credible information at the disposal of the NBCRFLI which it may wish to consider.

1.15.6 The proposals will be evaluated in three stages:

1.15.6.1 Mandatory requirements – proposals that do not comply with the mandatory requirements of this RFP will be disqualified from further consideration;

1.15.6.2 Technical evaluation – in this phase the proposals will be evaluated against the technical criteria set out below and each will be allocated points. Each proposal must score at least 70% in the technical evaluation to qualify for the price and preference point evaluation; and

Scoring Matrix	
N	Not relevant
1	Not Competent
2	Needs Development
3	Competent
4	More than competent
5	Superior

	Technical Questions	SCORING (1-5)	Score Weight
1	Capability to deliver services; staff compliment and expertise; business continuation plan		20%
2.	Insurance risk taking capability		10%
3.	Quality of services delivered and cost effectiveness		10%
4.	Financials of each of the entities showing the last three years' total assets, shareholders' interest and earnings after tax		10%
5.	Expertise in arranging a legal insurance contract		10%
6.	Accessibility of services, national footprint and 24/7 call centres		10%
7.	Managed care capabilities as well as systems to capture data and deliver financial and wellbeing reports		10%
8.	The bidder's experience and understanding of the road freight and logistics industry and its employees		20%
TOTAL SCORE			100%

1.15.6.3 price and preferential points evaluation, with 90 points allocated for price and 10 allocated for preferential points in terms of the NBCRFLI's Procurement Policy.

1.16 SPECIAL CONDITIONS

The following special conditions will be applied:

1.16.1 The NBCRFLI Council reserves the right not to award the contract;

1.16.2 All disbursement costs will be for the account of the Bidder;

1.16.3 The successful bidder must submit all tools, reports, data sets and databases (including all other relevant items) to the NBCRFLI after the completion of the bidder's appointment. All items mentioned are and will remain the property of NBCRFLI;

1.16.4 The successful bidder may not use this information or tools for any other project without getting prior written approval from the NBCRFLI;

1.16.5 Contact by any means whatsoever with NBCRFLI personnel, actuaries and/or service providers that form part of the Proposal process is not permitted during the Proposal process other than as permitted through the clarifications process set out in 1.5 above and/or as requested by the NBCRFLI. Respondents shall not offer or give any consideration of any kind to any employee or representative of the NBCRFLI as an inducement or reward for doing, or refraining from doing, any act in relation to the obtaining or execution of this or any other contract with NBCRFLI.

1.16.6 Bidders are expected to fully acquaint themselves with the conditions, requirements and specifications of this process before submitting their proposal. Each bidder assumes all risks for resource commitment and expenses, direct or indirect, of the proposal preparation and participation throughout the process.

The NBCRFLI is not responsible directly or indirectly for any costs incurred by bidders.

1.16.7 The bidder is responsible for all costs incurred in the preparation and submission of its proposal.

1.17 DISCLAIMERS

1.17.1 The NBCRFLI has produced this process in good faith. However, the NBCRFLI, its agents and its servants do not warrant its accuracy or completeness. The NBCRFLI will not be liable for any claim whatsoever and howsoever arising (including, without limitation, any claim in contract, delict or otherwise) for any incorrect or misleading information contained in this process due to any misinterpretation of this process.

1.17.2 This process is a request for proposal only and not an offer document; answers to it must not be construed as acceptance of an offer or imply the existence of a Contract between the parties. By submission of its proposal, bidders shall be deemed to have satisfied themselves with and to have accepted the NBCRFLI terms and conditions contained in this document. NBCRFLI makes no representation, warranty, assurance, guarantee or endorsements to any bidder concerning the process, whether with regard to its accuracy, completeness or otherwise and the NBCRFLI shall have no liability towards the bidder or any other party in connection therewith.

1.18 CONTACT DETAILS

1.18.1 Should any information be required with regards to this RFP, the following persons may be contacted:

Name: Moeti Kanyane Incorporated.

Tel no: 012 003 6471.

Email: ihstender@kanyane.co.za.

1.19 CONTENT AND FORMAT OF THE PROPOSAL

1.19.1 Bidders must submit their proposals with the following prescribed content and in this prescribed format. Bidders are advised that their proposal should be concise, written in plain English and simply presented. The format and all instructions set out below must strictly be adhered to. Non-compliance will result in the disqualification of such proposals.

1.19.2 Four copies of the proposal must be submitted, including the original. In the event of a contradiction between the submitted copies, the original shall take precedence.

PROPOSAL NUMBER: RFB458/2025
Section 1: Particulars of the bidder
The registered name and trading name (if applicable), CIPC registration number, registered address, postal address, telephone and facsimile numbers of the organisation.
Name, e-mail address and contact details of the bidder's representative.
Section 2: Company profile(s) of bidder
Company profiles should be submitted of the bidder and all entities whose services are proposed. It should include at least the following: i. Details of the entity's group structure through shareholdings in the entity and shareholdings by the entity with details of all such shareholdings. ii. Details of Boards of Directors and short profiles of all directors and CEO's. iii. Overview of historic development and roll-out of the entities' products and services and main achievements. iv. List of significant current and recent major clients. v. Specify any business by the entity, its shareholders, and the associated businesses in its group that anyone of these have or had with any aspect of the business of the NBCRFLI.
Section 3: Services and draft contract proposed
Section 3.1: Narrative

This section must contain a narrative summary of the services proposed by the bidder setting out in broad terms the health insurance and/or various administrative services it proposes to offer. If different services are to be offered by different entities of the bidder, the service(s) offered by each such entity should be clearly described separately. If the proposal contains significant deviations from the benefit structure of the Integrated Health Services program or any of its features as provided in this RFP, or if it contains significant deviations from the detail of the service level agreement provided in the RFP, such differences must be clearly described and motivated as part of this narrative.

Section 3.2: Motivation of legal structure

This section must contain full motivation with reference to and quoting such relevant clauses or sections of the applicable legislation, regulations or exemption framework, for the bidder's proposed legal structure by which the health insurance of and provision of services for the Integrated Health Services program are to be contractually arranged.

Of specific relevance is:

1. Whether the bidder is required in law to register as a "medical scheme" in terms of the Medical Schemes Act, 1998, by virtue of the definition of "the business of a medical scheme" and related sections of that Act, in relation to the provision of services and benefits for the Integrated Health Services program.

2. Whether the bidder is exempt by the Council for Medical Schemes from the requirement to register as a "medical scheme" in terms of the Medical Schemes Act, 1998, by virtue of the definition of "the business of a medical scheme" and related sections of that Act, in relation to the provision of services and benefits for the Integrated Health Services program. If the bidder is exempt by the Council for Medical Scheme, the bidder is requested to provide details of the exemption, specifically including but not limited to the duration of the exemption.

3. Any other details pertaining to the legal structure in terms of which the bidder intends to provide benefits and services to the Integrated Health Services program, including but not limited to the Demarcation Regulations issued in terms of the Long-Term Insurance Act, 1998 and/or Short-Term Insurance Act and/or the proposed Low-Cost-Benefit-Option presently being developed by the Department of Health.
Section 3.3: Proposed draft contract
For this section, the bidder must provide in an annexure a draft contract for its proposed insurance of and services for the Integrated Health Services program. The service level agreement(s) referred to in section 3.4 are additional to this draft contract.
Section 3.4: List of annexures detailing proposed services
This section must contain a list of annexures that the bidder should append to its proposal that contains details of its proposed services and its proposed provisional service level agreement(s) specifications.
Section 4: References, qualifications, and capabilities of the firm(s) of the bidder
List of 3 credible clients your firm has worked with that best reflects your work and relevancy to this project in the last 3 years. Briefly describe the role your firm played in each project.
Provide current reference information for 3 former / current clients where you effectively managed/manage the services sought to be procured by the NBCRFLI during the three years immediately preceding the date of submission of the RFP response. Reference letters must not be older than 12 months.

Briefly describe your firm's organizational capacity to effectively perform managed health care services for a membership as large as NBCRFLI.
Provide CV's of key officials.
How many full-time staff does your firm employ? Please include a copy of your firm's organizational chart.
What team will be assigned to this project with names and roles of the members of the team?
Disclose any planned mergers / acquisitions insofar as these may be relevant to NBCRFLI's evaluation of your proposal.
Describe your hardware, software vendor partnerships and any other third-party arrangements or contracts that affect the delivery of the services.
Describe your firm's disaster recovery and management plans (eg data security, power outages, worksite being compromised, etc)
Section 5: Proposed premium rate(s) / fee(s)
The proposed premium rate(s) and/or fee(s) applicable to the service(s) proposed must be stated here expressed as a Rand amount per member per month and shown separately for each service as may be applicable to the bidder's and its entities' proposal(s). Insofar as it relates to the insurance service, the bidder may propose the premium rate(s) either or both on a non-profit-sharing or profit-sharing basis. The premium rate(s) / fee(s) must be on a per member per month basis and will be reviewed annually. Value Added Tax (VAT) must be included and shown separately where appropriate.

Section 6: Formal documents to be submitted
In this section the following documents must be submitted.
Section 6A: Audited financial statements
Copies of the audited financial statements of each entity involved in the proposal, for the three financial years immediately preceding the date of the response to this RFP.
Section 6B: SARS Tax Clearance Certificate
An original valid SARS Tax Clearance Certificate must be submitted for each entity involved in the proposal. It must be valid at the date of closing of the proposal submissions. The certificate requirements page should not be inserted as part of the submission.
Section 6C: Vendor Application Form
A vendor form must be completed and submitted by all prospective bidders which a copy is attached hereto
Section 6D: Company Registration Document (COR29)
A copy of a company registration document must be submitted for each entity involved in the proposal.
Section 6E: Identification Documents (ID) of directors

ID copies of all directors of each entity involved in the proposal shall be submitted.
Section 6F: Bank letter
A certified letter from the bank must be submitted. **Note:** letter from the bank must not be older than three months and must have a bank stamp.
Section 6G: B-BBEE Certificate
An original valid B-BBEE Certificate or Sworn Affidavit where applicable must be submitted for each entity involved in the proposal. It must be valid at the date of closing of the proposal submissions.
Section 6H: Proof of indemnity insurance
Supply a copy of the current and valid indemnity insurance policy.
Section 6I: Proof of Registrations / License(s)
Supply copies of all relevant statutory insurance and/or other license(s) or registration(s) in support of the motivated proposed legal structure provided under section 3.2.
Section 7: Confidentiality, copyright, and other warranties
The bidder and each entity as may be applicable must certify and warrant the following.
(a) The proposal and all information in connection therewith shall be held in strict confidence and usage of such information shall be limited to the preparation of the proposal.

(b) Copyright of all documentation relating to this proposal belongs to the NBCRFLI. The bidder may not disclose any information or documentation to other persons without the written approval of the NBCRFLI. This obligation shall survive this proposal process.
(c) The bidder must conclude Service Level Agreement to the satisfaction of the NBCRFLI.
Section 8: Further particulars
In this section the bidder may submit any further particulars it so wishes to expand, enhance, inform or elucidate its proposal that is not provided for in the previous sections. Bidders are reminded to be concise in submitting such further particulars.
Section 9: Authority and signature(s)
Provide the legally binding signatures and proof of authority of such signatories to the full proposal.
Section 10: Bidder's contact details
Provide telephone and cell phone numbers, e-mail, postal and physical addresses of all persons representing the party (parties) that submit the proposal and of other persons that may reasonably be contacted by the NBCRFLI regarding the bidder's proposal.

SECTION 2: BENEFITS AND SERVICES

The following are the current benefits and services offered to eligible industry members. All benefits and services below are for the eligible member and two eligible Spouses except for Funeral Assistance, Basic Dentistry, Optometry and Post Hospital Private Home Nursing. In addition, the Hospital Accident/Emergency Medical Services and Hospital Care Plan are applicable for an eligible member's eligible children.

INTEGRATED HEALTH SERVICES PROGRAM BENEFITS

1. CONSULTATIVE BENEFIT

This benefit provides access to general practitioners, professional nurses and other medical professionals such as psychologists. Cover is available to the Eligible Member and Eligible Spouses only.

1.1 MEDICAL CENTRE CONSULTATIONS

1.1.1 This benefit comprises access to professional nurses and other medical professionals specifically appointed by the service provider at its sole discretion, to manage treatment costs for Eligible Members, and includes direct consultations and inbound consultations.

1.1.2 This benefit includes unlimited consultations at any Medical Centre with a professional nurse or medical professional and includes sick notes for up to 2 (two) days and medication up to schedule 4 (four) as per defined list.

1.1.3 Additional screening tests for BMI, blood pressure, finger prick cholesterol and glucose testing is also conducted at these centres.

1.1.4 Where an Eligible Member's place of work or residence is within a 20-kilometre radius of any one of the Medical Centres, such Eligible Member must first consult a medical professional at the Medical Centre. Should the Eligible Member be outside of the 20-kilometre radius, the Eligible Member may consult another practitioner on the service provider's network of service providers.

1.1.5 Using this benefit will not count as a General Practitioner's consultation for purposes of clause 1.2 below.

1.1.6 The benefit remains unlimited even if an Eligible Member joins after the commencement date of this contract until the termination date of this contract.

1.2 GENERAL PRACTITIONERS

1.2.1 This benefit comprises access to general practitioners, specifically appointed by the service provider at its sole discretion, to manage treatment cost for Eligible Members.

1.2.2 This benefit includes consultations authorised in respect of the HIV Management Programme.

1.2.3 This benefit includes unlimited consultations with a general practitioner provided that Pre-Authorisation shall be required for each consultation subsequent to the Eligible Member and/or each Eligible Spouses fifth consultation with any of the general practitioners in a 12 (twelve) month

period. Contact details for purposes of Pre-Authorisation will be set out in the Wellness Fund Membership Card.

1.2.4 This benefit remains unlimited even if an Eligible Member joins after the commencement date of this contract until the termination date of this contract.

2 TELEPHONIC MEDICAL CONSULTING HOTLINE

2.1 This benefit provides access to unlimited telephonic medical consultations including over the counter medication authorised by one of the service provider's medical professionals. Operating hours are 24 hours a day and 7 days a week, including public holidays. Cover is available to the Eligible Member and the Eligible Spouses.

2.2 This benefit is accessible via a "please call me" service.

2.3 This benefit includes unlimited telephonic consultations with a professional nurse and includes sick notes for up to 2 (two) days and medication up to schedule 4 (four) as per defined list.

2.4 This benefit can be used by the Eligible Members for advice prior to using the general practitioner consultation benefits. The medical professional will assist the members with referral to a general practitioner if required.

2.5 The benefit remains unlimited even if an Eligible Member joins after the commencement date of this contract until the termination date of this contract.

3 DIGITAL HEALTH SERVICES

3.1 This benefit provides access to unlimited digital health service consultations with one of the service provider's medical professionals. Cover is available to the Eligible Member and the Eligible Spouses.

3.2 This benefit provides 24/7 online healthcare services, including weekends and public holidays, scripts up to schedule 4 (four) medication and sick notes up to 2 (two) days to Eligible Members who are not able to see a practitioner right away.

3.3 This benefit is accessible via an App, which is downloadable for free.

3.4 The benefit remains unlimited even if an Eligible Member joins after the commencement date of this contract until the termination date of this contract.

4 ACUTE MEDICATION AND NUTRACEUTICALS

4.1 This benefit provides access to acute medicines prescribed to the Eligible Member or Eligible Spouses.

4.2 This benefit comprises access to acute medicines prescribed by an appointed general practitioner or professional nurse at one or more of the consultations referred to above, if required, and subject to a list of medicines ("medicine formulary") approved by the service provider for acute illness and formulary reference pricing ("FRP"), as amended from time to time and available through the pharmacies or dispensing general practitioners or professional nurses identified by the service provider, limited to R1 100,00 (one thousand one hundred Rand) per annum.

4.3 Non-prescription pharmaceutical agents including nutrients, dietary supplements and herbal products will only be covered as provided for in the approved formulary.

4.4 The limit of R1 100,00 (one thousand one hundred Rand) per annum referred to in clause 4.2 above shall not apply to such acute medicines, non-prescription pharmaceutical agents including nutrients, dietary supplements and herbal products dispensed by a Medical Centre.

4.5 Over the counter medication limited to R150.00 (one hundred and fifty Rand) per Eligible Member and Eligible Spouses per annum.

5 CHRONIC MEDICATION AND CHRONIC DISEASE MANAGEMENT

5.1 This benefit covers the Eligible Member and Eligible Spouses.

5.2 This benefit comprises access to medication for the specified chronic conditions listed below and a formulary reference price (being the maximum price covered per medicine on the list of medicines) approved by the service provider as amended from time to time and available through the pharmacies or dispensing medical practitioners identified by the service provider, and subject to registration of the specified chronic condition through the service provider, subject to a medicine formulary (being a list of covered medicines).

5.3 Eligible Members will be covered for this benefit only once they register as a Chronic Member for Chronic Medication and if they need chronic disease support. Through support the service provider hopes to assist such members in bringing their condition under control to be able to live a healthier life.

5.4 This benefit shall be limited to the following specified chronic conditions:

Chronic Condition

Addison's disease

Asthma;

Bronchiectasis;

Cardiac failure;

Cardiomyopathy;

Chronic obstructive pulmonary disease (“COPD”);

Chronic renal disease;

Coronary artery disease;

Crohn’s disease;

Diabetes insipidus;

Diabetes mellitus type 1;

Diabetes mellitus type 2;

Dysrhythmias;

Epilepsy;

Glaucoma;

Hyperlipidaemia;

Hypertension;

Hypothyroidism;

Multiple sclerosis;

Parkinson’s disease;

Rheumatoid arthritis;

Systematic lupus erythematosus; and

Ulcerative colitis.

5.5 The benefit also includes access by all Eligible Members and Eligible Spouses registered for the chronic medication benefit to a flu vaccine, conducted by Clicks and Dischem pharmacies, once *per annum*.

5.6 The benefit will further cover the cost of HIV ARV Treatment as per the HIV Management Programme.

6 RADIOLOGY AND PATHOLOGY

This benefit provides access to basic radiology and pathology benefits when referred by the HIV chronic care provider or a registered general practitioner. Cover is available to the Eligible Member and Eligible Spouses only.

6.1 BASIC RADIOLOGY (X-RAYS)

6.1.1 Access to black and white diagnostic X-rays on referral by the HIV chronic care provider or a general practitioner appointed by the service provider at one or more of the consultations referred to above, if required, and subject to a list of X-ray procedures approved by the service provider, available through a specialist radiologist identified by the service provider.

6.1.2 The list of X-rays approved by the service provider is limited to the following charged items:

CODE PROCEDURE DESCRIPTION

30110 - Chest, two views, anteroposterior (AP) and lateral;

64100 - Forearm - Left;

64105 - Forearm - Right;

65430 - Wrist - Left;

65135 - Wrist – Right;

65100 - Hand – Left;

65105 - Hand – Right;

65120 - Finger;

65140 - Scaphoid – Left;

65145 - Scaphoid – Right;

61000 - Humerus – Left.

62105 - Humerus – Right;

63100 - Elbow – Left;

63105 - Elbow – Right;

72100 - Knee, one or two views – Left;

72105 - Knee, one or two views – Right;

72120 - Knee including patella – Left;

72125 - Knee including patella – Right;

72140 - Patella – Left;

72145 - Patella – Right;

71100 - Femur – Left;

71105 - Femur – Right;

73100 - Lower leg – Left;

73105 - Lower leg – Right;

74100 - Ankle – Left;

74105 - Ankle – Right;

74120 - Foot – Left;

74125 - Foot – Right;

74130 - Calcaneus – Left;

74135 - Calcaneus – Right;

74145 - Toe.

6.2 BASIC PATHOLOGY

6.2.1 This benefit comprises access to diagnostic pathology tests on referral by the HIV chronic care provider or a general practitioner appointed by the service provider at one or more of the consultations referred to above, if required, and subject to a list of basic pathology tests approved by the service provider, available through a pathologist identified by the service provider.

6.2.2 The list of pathology tests approved by the service provider includes:

Code		Test Description
4009	-	Bilirubin total;
4130	-	Aspartate aminotransferase (AST);
4131	-	Alanine aminotransferase (ALT);
4001	-	Alkaline phosphatise;
4027	-	Cholesterol total;

4147 - Triglyceride;

4025 - Cholesterol, HDL/LDL, triglycerides;

4113 - Potassium;

4114 - Sodium;

4151 - Urea;

4032 - Creatinine;

4057 - Glucose;

4064 - HbA1C;

3865 - Parasites blood smear

3883 - Concentration techniques for Malaria;

3762 - Haemoglobin estimation;

3785 - Leucocyte: total count;

3743 - Erythrocyte sedimentation rate;

3755 - Full blood count;

3797 - Platelet count;

4188 - Urine Dipstick, per stick;

3947 - C-Reactive protein;

3949 - Qualitative Kahn, VDRL or other flocculation; and

4351 - Occult blood: chemical test.

6.2.3 The benefit will cover costs of pathology related to treatment protocol under the HIV Management Programme.

7. BASIC DENTISTRY

7.1 This benefit cover is available to the Eligible Member only and excludes the Eligible Spouses and the Eligible Children.

7.2 This benefit comprises access to a dental practitioner or dental therapist specifically identified by the service provider, and emergency dental treatment for pain and sepsis including extractions, as well as three (3) amalgam fillings, with a limit of R800 (eight hundred Rand) per defined event and R2 400 (two thousand four hundred Rand) per Eligible Member per an 18 (eighteen) month period.

7.3 This benefit shall be limited to the following specified approved procedures:

Code		Procedure	Application
8101	-	Oral examination	Limited to once *per annum* per Eligible Member
8107	-	Intraoral Radiographs	Limited to two *per annum* per Eligible Member
8110	-	Sterilised instrumentation	The use of this code is limited to autoclaved, vapour or heat sterilised instruments (i.e. sets of long-handled instruments and/or forceps).

8132	-	Emergency root canal therapy	Gross pulpal debridement.
8201	-	Extraction, single tooth	Code 8201 is charged for the first extraction in a quadrant
8202	-	Extraction, each additional tooth.	Code 8202 is charged for each additional extraction in the same quadrant
8937	-	Surgical removal of tooth.	Surgical removal of tooth
8935	-	Treatment of septic socket	Treatment of septic socket
8109	-	Infection control / barrier techniques.	Code 8109 includes the provision by the dentist of new rubber gloves, masks, etc, for an Eligible Member
8145	-	Local anaesthetic	Available once per event.

8. OPTOMETRY SERVICES

8.1 This benefit shall be limited to the Eligible Member only and excludes the Eligible Spouses and the Eligible Children.

8.2 This benefit comprises access to an optometrist specifically identified by the service provider for an annual optometric wellness examination, and when required a basic pair of frames and clear plastic single vision or bifocal lenses

approved by the service provider, every 24 months per Eligible Member (driver category only), subject to:

8.2.1 qualifying norms (including an unaided visual acuity of worse that 6/9 on the Snellen Scale for distance vision and near vision; a refraction requirement exceeding 0,5 dioptre sphere and /or 0.5 dioptre cylinder on a distance vision and 1, 25 dioptre sphere on near vision);

8.2.2 terms and conditions agreed by the service provider with the appointed optometrist service providers.

8.3 This benefit is not an insured benefit, and as such it is not a Primary Health Benefit. However, the service provider will make the optometry benefit available to Eligible Members subject to the following conditions:

8.3.1 should the demand for services exceed the amount set aside for the provision of this benefit, the service provider shall develop a waiting list of all Eligible Members requiring the services of an optometrist;

8.3.2 the Eligible Members listed on the waiting list will receive the optometry benefit on a first-come first-serve basis, subject always to the availability of funds allocated on a monthly basis for this benefit;

8.3.3 if the monthly allocated funds for optometry benefits have been depleted, no further optometry benefits will be available to Eligible Members until such time as the funds are replenished;

8.3.4 an Eligible Member must be referred to an optometrist within the service provider's network of service providers. Where an Eligible Member is within a 20-kilometre radius of any of the Medical Centres, the Medical centre will provide a referral. Where the Eligible member is outside of a 20-kilometre

radius Pre-Authorisation must be obtained. The Pre-Authorisation contact details will be set out in the Wellness Fund Membership Card.

8.3.5 if the optometrist to which the Eligible Member was referred prescribes frames and lenses for the Eligible Member, such prescription must be sent to the Medical Centre which shall issue standard frames and lenses to the Eligible Member within 30 days of receipt of the prescription issued by the optometrist.

8.4 The service provider will set aside the sum of R300 000.00 per month which will be earmarked for the provision of optometry benefits. If the funds so allocated are depleted during the month for which they were allocated, no further optometry services can be provided to Eligible Members until such time as the service provider has made more funds available for such benefits in the succeeding month.

8.5 If there is a surplus in the allocated funds for optometry benefits, the following benefits will be made available to Eligible Members at the service provider's discretion:

8.5.1 Sunglasses; or

8.5.2 Anti-glare night driving glasses (as available).

9. HEALTH AND TRAUMA TELEPHONIC ASSISTANCE

9.1 This benefit cover is available to the Eligible Member, Eligible Spouses and Eligible Children.

9.2 This benefit is available by phoning the number provided on the membership card, using our Smartphone App or by sending a "please call me".

9.3 The service provider's medical professionals will be available during business hours to provide general medical assistance in confidence. This is an advisory and information service; as well as trauma counselling services for the following:

- Natural Death;
- Unnatural Death;
- Crime Related Incidents (hijacking, armed robbery, shooting, stabbing);
- Sexual assault;
- Attempted suicide;
- Domestic violence;
- Post trauma;
- Drowning;
- Hospital support;
- Death Notifications.

10 EMERGENCY MEDICAL SERVICES WITH MOBILE APP

10.1 This benefit cover is available to the Eligible Member, Eligible Spouses and Eligible Children.

10.2 The benefit for Emergency Medical Services shall be delivered by any provider as may be appointed by the service provider from time to time for the following necessary medical assistance arising from an Emergency:

10.2.1 a 24 (twenty-four) hour medical information hotline, open 7 (seven) days a week including public holidays, which shall include the necessary medical personnel available to provide general medical information and advice;

10.2.2 in addition to the general medical information service, medical operators shall be available to guide a person through a medical crisis situation, by providing emergency advice or by organising for the Eligible Member to receive the necessary support required;

10.2.3 24 (twenty-four) hour emergency medical response to the scene of an Emergency. Emergency medical response shall include an appropriate road and/or air response to be undertaken utilising an ambulance, and/or rapid response vehicle, and/or helicopter and/or a fixed wing aircraft (all of which are manned by appropriately qualified and experienced emergency care practitioners) immediately to the site of the Emergency. Where appropriate lifesaving support will be provided to the Eligible Member/s and where relevant, the Eligible Member/s will be stabilised before transfer is provided to the closest appropriate medical facility;

10.2.4 24 (twenty-four) hour Medical Transportation in the event of an Eligible Member's involvement in an Emergency by road and/or by air ambulance, under appropriate medical supervision, if necessary, to the nearest medical facility capable of providing adequate care. Medical considerations, the degree of urgency, the Member's state and fitness to travel and other considerations, including, but not limited to, airport availability, weather conditions and distance to be covered as assessed by the contact centre medical staff will determine whether transport will be provided by medically equipped aircraft, helicopter, regular scheduled flight, rail or road. The service provider will cover all the costs of the medical transfer;

10.2.5 Repatriation of mortal remains which includes the cost for an appropriate transportation for the repatriation of the medical remains.

10.3 Emergency Medical Services are available to Eligible Members by phoning the provided telephone number (on their membership cards) or using the Smartphone App. If another service provider is used, costs may not be covered if the incident is not deemed an emergency.

11 HOSPITAL CARE PLAN

11.1 This benefit cover is available to the Eligible Member, Eligible Spouses and Eligible Children.

11.2 The benefit includes case managed hospitalisation including personal care in a state hospital for illness for up to 21 days.

11.3 The service provider will provide daily benefits such as cell phone data, food vouchers, nutritional snacks, fruit, toiletries, nightgowns, slippers, bedding, etc. to make the patient's stay more comfortable.

12. POST HOSPITAL PRIVATE NURSING

12.1 This benefit is available to the Eligible Member only.

12.2 This benefit provides post hospital private home nursing, as and when recommended by a medical practitioner on the service provider's preferred provider network, up to an amount of R10 000-00 per Eligible Member per annum.

12.3 The benefit is available when the Eligible Member is unable to perform 3 (three) or more activities of daily living, listed below, as a result of illness or accidental injury without the help of another person, but with the use of appropriate assistive or corrective aids and appliances:

Washing – the ability to wash in a bath or shower (including getting into and out of a bath or shower);

Dressing – the ability to put on, take off, secure and unfasten all garments;

Feeding – the ability to cut meat, butter bread and to get food and drink into the mouth using fingers or utensils;

Toileting – the ability to use the lavatory and to recognize the need to clear the bladder or bowel;

Mobility – the ability to move indoors from room to room on level services;

Transferring – the ability to move from a bed to a chair or wheelchair and vice versa;

Communicating – the ability to answer the telephone and take a message;

12.4 This must be confirmed in a report from a medical practitioner and an examination by a medical professional appointed by the service provider.

13 HOSPITAL ACCIDENT

13.1 This benefit cover is available to the Eligible Member, Eligible Spouses and Eligible Children.

13.2 The Hospital Accident Benefit to be provided in terms of this agreement comprises:

13.2.1 the actual cost of hospitalisation as an in-patient, including all associated services during the hospital admission at a private facility in the event of

injuries sustained due to an accident. This benefit is limited to R150 000.00 (one hundred and fifty thousand Rand) per incident.

13.2.2 the actual cost of hospitalisation as an in-patient, in the event of an emergency that necessitates the stabilisation of the patient before the patient is transferred to a public hospital.

14 HIV/AIDS MANAGEMENT PROGRAMME

14.1 This benefit is available to the Eligible Member and Eligible Spouses only, subject to where the service provider shall provide support insofar as the referral of individuals who were Eligible Members and Eligible Spouses (who have since left the road freight and logistics industry) to state programs, in addition to such individual being entitled to receive benefits in terms of the HIV Management program for a period of 3 (three) months post the date on which such individual has left the road freight and logistics industry.

14.2 Eligible Members and Eligible Spouses will be covered for this benefit only once they register as a member for the HIV Management Program and if they require HIV disease management support, subject to:

14.2.1 All Eligible Members and Eligible Spouses who are already registered as part of the HIV Management Program prior to the Commencement Date will not be required to re-register as such. To this end, the service provider will facilitate the transfer of all Eligible Members and Eligible Spouses who are already registered as part of the HIV management Program with the current service provider to the new relevant service provider. To this end the service provider will endeavour to ensure all relevant information is obtained from the current service provider.

14.3 The benefit shall be delivered by any provider as may be appointed by the service provider from time to time. To this end, subject to prior arrangement

with the service provider (or the relevant service provider), (i) a member may collect ARV's at the address of the relevant service provider/s (which include various Dis-Chem outlets as may be applicable) per the service provider's service provider network (which service providers/Dis-Chem outlets are subject to change by the service provider at its discretion), alternatively (ii) where possible, service providers shall attend to the delivery of ARV's to the nominated physical address of the member (which option may be subject to specific areas and where the relevant service provider/Dis-Chem outlets agrees to same).

14.4 The HIV Chronic Adherence Monitoring Programme will consist of the following:

14.4.1 Encouragement of Eligible Members to continue therapy for their registered chronic condition;

14.4.2 Improving the rates of adherence to therapies;

14.4.3 Continual monitoring and monthly communication in the form of SMSs where no medicines were claimed; and

14.4.4 Telephonic intervention if necessary.

14.5 The objectives and goals of the programme are:

14.5.1 Early identification and co-morbidities;

14.5.2 Positive control through lifestyle modification, education and drug therapies;

14.5.3 Ensuring compliance;

14.5.4 Improving the quality of health, productivity and life;

14.5.5 Reduction in morbidity and mortality;

14.5.6 Education, improved self-care and support;

14.5.7 Reduction in hospital admissions, clinical risk and overall cost.

14.6 The Eligible Member will have:

14.6.1 Access to the call centre (with a dedicated share call number) from 07:30 to 16:30 weekdays, including an after-hours emergency number which is available all year round;

14.6.2 Access to case managers and doctor via dedicated telephone, SMS and email facilities;

14.6.3 Nurses managing the registration process of new beneficiaries enrolling on the disease management programme;

14.6.4 Assigned clinically trained case managers to each beneficiary to monitor their compliance, to assist with information for health-related enquiries, clinical and emotional support. Contact can be made by means of telephone, SMS and emails. The frequency of contact intervals depends on the beneficiary's health profile.

14.7 The Service Provider will provide full managed care of HIV Infected Eligible Members as well as Infected Eligible Spouses using best practice treatment protocols as specified by the HIV Clinicians Society of South Africa's guidelines and the South African Department of Health Best Practices; which will include:

14.7.1 Doctor's consultations;

14.7.2 Pathology Services;

14.7.3 Pharmaceuticals; and

14.7.4 Telephonic Counselling.

15 FUNERAL ASSISTANCE

15.1 A funeral assistance benefit of R12 500 is payable in the event of the death of the Eligible Member.

15.2 This benefit shall be limited to the Eligible Member only and excludes the Eligible Spouses and the Eligible Children.

SECTION 3: DETAILED MEMBERSHIP AND CLAIMS EXPERIENCE

1. Membership

1.1 Membership analysis

Membership consists of eligible members contributing to the Wellness Fund. As at 31 March 2025, considering the new members for March 2025, there were 108,022 main members together with 8,063 dependants making up a total beneficiary number of 116,085. The following graphs and table depict the joining and leaving beneficiaries month by month and the total number of in force members and beneficiaries.

Figure 1: Membership Trends (Principal members)

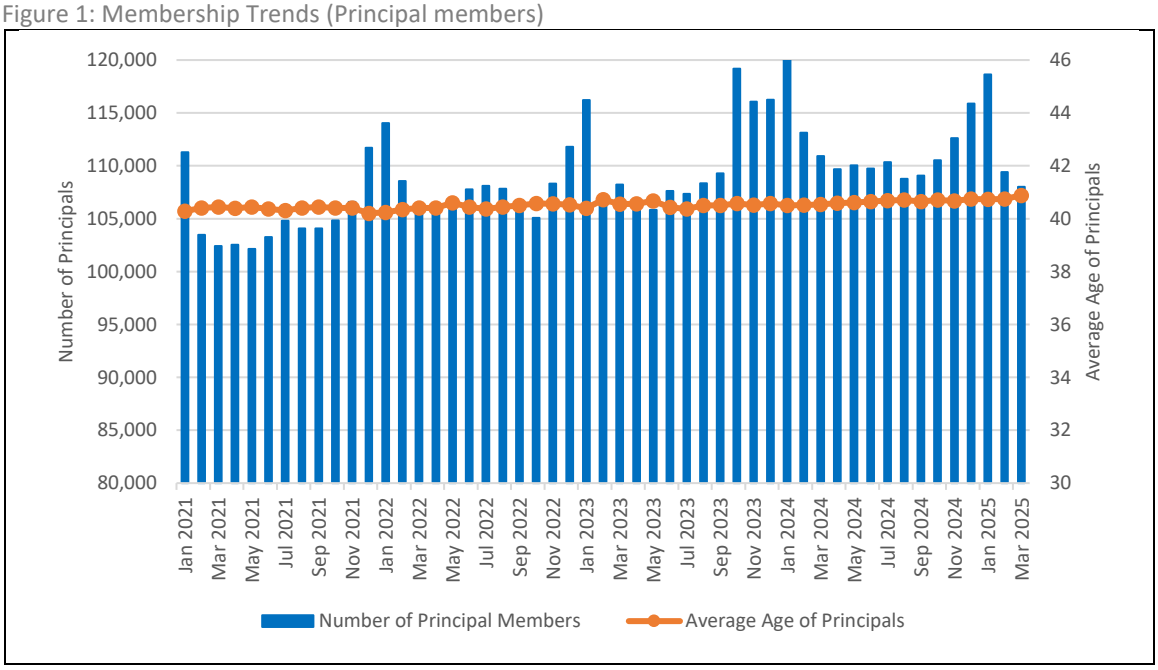


Figure 2: Membership Movements

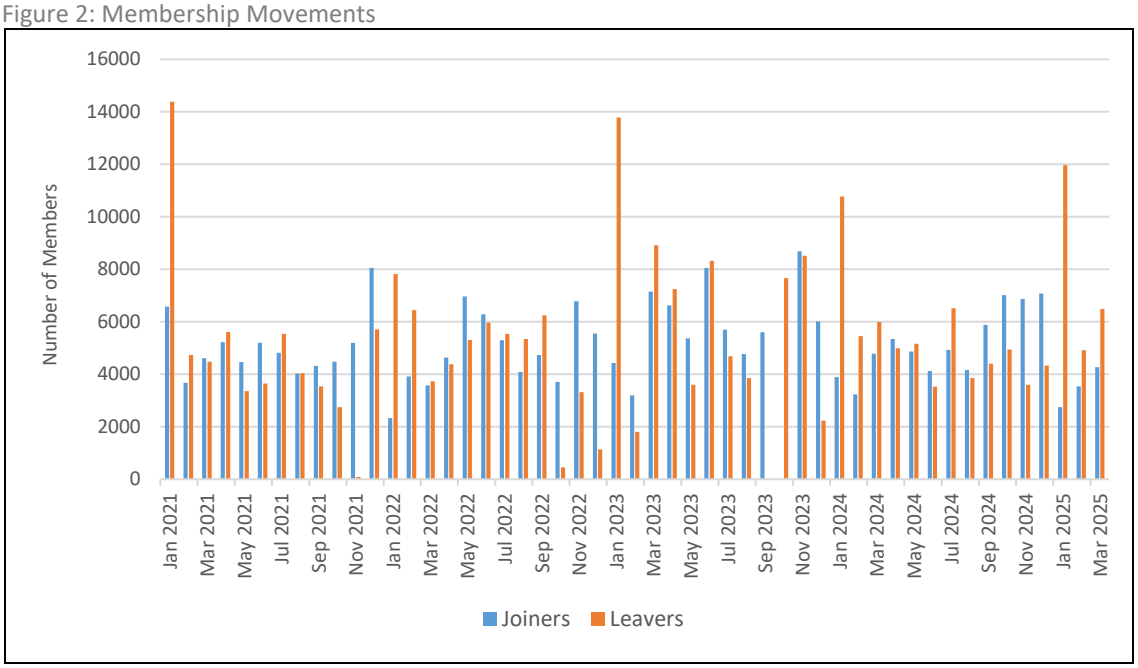


Table 1: Membership Movements

Month	Membership at Start of Month	Joiners	Leavers	Membership at End of Month
Jan-21	111,276	6,580	14,388	103,468
Feb-21	103,468	3,678	4,734	102,412
Mar-21	102,412	4,614	4,477	102,549
Apr-21	102,549	5,221	5,618	102,152
May-21	102,152	4,469	3,352	103,269
Jun-21	103,269	5,195	3,654	104,810
Jul-21	104,810	4,814	5,539	104,085
Aug-21	104,085	4,024	4,042	104,067
Sep-21	104,067	4,320	3,542	104,845
Oct-21	104,845	4,482	2,744	106,583
Nov-21	106,583	5,200	87	111,696
Dec-21	111,696	8,047	5,712	114,031
Jan-22	114,031	2,334	7,821	108,544
Feb-22	108,544	3,921	6,440	106,025
Mar-22	106,025	3,577	3,728	105,874
Apr-22	105,874	4,634	4,377	106,131
May-22	106,131	6,963	5,309	107,785
Jun-22	107,785	6,281	5,968	108,098

Jul-22	108,098	5,292	5,543	107,847
Aug-22	107,847	4,087	5,346	106,588
Sep-22	106,588	4,730	6,247	105,071
Oct-22	105,071	3,705	457	108,319
Nov-22	108,319	6,786	3,316	111,789
Dec-22	111,789	5,556	1,130	116,215
Jan-23	116,215	4,427	13,788	106,854
Feb-23	106,854	3,193	1,810	108,237
Mar-23	108,237	7,150	8,924	106,463
Apr-23	106,463	6,624	7,243	105,844
May-23	105,844	5,373	3,599	107,618
Jun-23	107,618	8,055	8,321	107,352
Jul-23	107,352	5,694	4,689	108,357
Aug-23	108,357	4,765	3,850	109,272
Sep-23	109,272	5,600	111,038	3,834
Oct-23	3,834	119,894	7,668	116,060
Nov-23	116,060	8,689	8,516	116,233
Dec-23	116,233	6,009	2,232	120,010

Table 1: Membership Movements (Continued)

Month	Membership at Start of Month	Joiners	Leavers	Membership at End of Month
Jan-24	120,010	3,894	10,774	113,130
Feb-24	113,130	3,228	5,449	110,909
Mar-24	110,909	4,777	5,993	109,693
Apr-24	109,693	5,346	4,990	110,049
May-24	110,049	4,868	5,166	109,751
Jun-24	109,751	4,121	3,529	110,343
Jul-24	110,343	4,934	6,520	108,757
Aug-24	108,757	4,160	3,856	109,061
Sep-24	109,061	5,879	4,401	110,539
Oct-24	110,539	7,019	4,936	112,622
Nov-24	112,622	6,863	3,599	115,886
Dec-24	115,886	7,074	4,334	118,626
Jan-25	118,626	2,740	11,967	109,399
Feb-25	109,399	3,536	4,913	108,022
Mar-25	108,022	4,268	6,489	105,801

1. Financial Summary

2.1 Summary of financial results

A summary of the financial performance of the Health Plan since March 2021 is summarised below.

Table 2: Financial results including IBNR

Totals	1 Mar 2021 - 28 Feb 2022	1 Mar 2022 - 28 Feb 2023	1 Mar 2023 - 29 Feb 2024	1 Mar 2024 - 28 Feb 2025
Average Number of Members	105,753	108,050	111,480	111,303
Average Age of Members	40.37	40.50	40.52	40.69
Premiums Expected	R245,558,466	R263,404,290	R288,474,566	R311,777,511
Claims Incurred	R107,054,924	R116,312,982	R130,447,240	R142,246,252
Claims Paid	R107,054,924	R116,312,982	R130,447,240	R130,247,930
IBNR	-	-	-	R11,998,322
Underwriting Surplus/Deficit	**R138,503,542**	**R147,091,308**	**R158,027,326**	**R169,531,260**
Risk Claims as a % of Risk Premiums	**43.60%**	**44.16%**	**45.22%**	**45.62%**
Underwriting result as a % of Risk Premiums	**56.40%**	**55.84%**	**54.78%**	**54.38%**

Table 3: Per member per month results

Per Member per Month	1 Mar 2021 - 28 Feb 2022	1 Mar 2022 - 28 Feb 2023	1 Mar 2023 - 29 Feb 2024	1 Mar 2024 - 28 Feb 2025
Premiums Expected	R193.50	R203.15	R215.64	R233.43
Claims Incurred	R84.36	R89.71	R97.51	R106.50
Claims Paid	R84.36	R89.71	R97.51	R97.52
IBNR	-	-	-	R8.98
Underwriting Surplus/Deficit	**R109.14**	**R113.44**	**R118.13**	**R126.93**

1. Summary

3.1 Summary of demographic results

The table below provides a brief summary of the membership demographics.

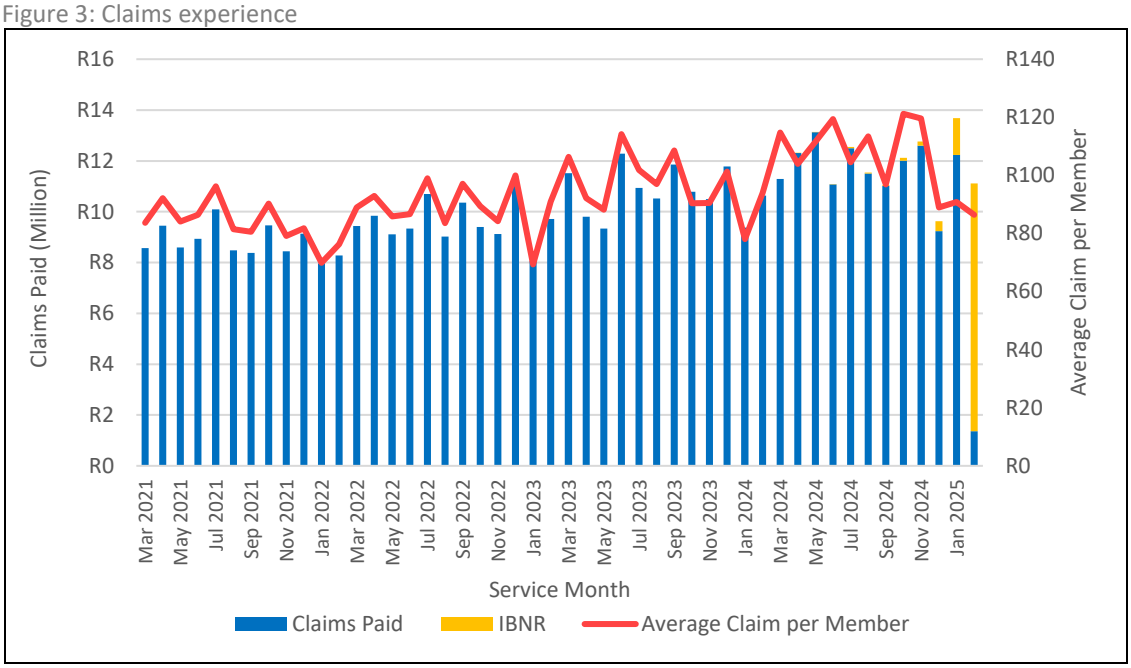
Table 4: Membership demographics

Month	March 2021	March 2022	March 2023	March 2024	March 2025
Number of Principals	102,412	106,025	108,237	110,909	108,022
Number of Adults	9,809	9,500	9,086	8,352	7,407
Adult Dependant Ratio	8.7%	8.2%	7.7%	7.0%	6.4%
Average Family Size	1.1	1.1	1.1	1.1	1.1
Average Age of Principals	40.5	40.4	40.6	40.5	40.9
Average Age of Adults	41.5	42.0	42.6	43.2	44.1
Average Age of Beneficiaries	40.5	40.5	40.7	40.7	41.1
Chronic Prevalence of Principals	5.8%	5.6%	5.6%	5.7%	5.8%
Chronic Prevalence of Adults	7.9%	8.8%	9.7%	11.1%	12.0%
Chronic Prevalence of Beneficiaries	5.9%	5.9%	5.9%	6.1%	6.1%
Pensioner Ratio (Principals Over 60)	3.9%	3.6%	3.7%	3.8%	3.8%

3.2 Summary of claims information

The graph below provides an overview of the claims experience by service month.

Figure 3: Claims experience



The following tables provide a detailed view of the claims incurred by benefit type.

Table 5: Claims by benefit type from March 2021 to February 2023

Claims Incurred	1 Mar 2021 - 28 Feb 2022		1 Mar 2022 - 28 Feb 2023	
	Claims Incurred	% of Claims	Claims Incurred	% of Claims
Private Hospitals	R9,068,627	8.5%	R9,492,283	8.2%
Optometry	R1,565,665	1.5%	R1,853,713	1.6%
Radiology	R529,135	0.5%	R565,646	0.5%
Dentists	R375,791	0.4%	R399,588	0.3%
Pathology	R5,309,750	5.0%	R5,512,129	4.7%
General Practitioners	R50,271,971	47.0%	R53,230,927	45.8%
Specialists	-	-	-	-
Ambulance	R431,961	0.4%	R537,146	0.5%
Allied & Support Health Professionals	-	-	-	-
Other Suppliers of Service	R2,011,095	1.9%	R2,870,000	2.5%
Physiotherapy	-	-	-	-

Dental Specialists	R29,942	-	R38,315	-
Medicines (Acute)	R12,159,914	11.4%	R13,966,668	12.0%
Nursing	R492	-	R516	-
Direct Medical Consultations	R10,772,365	10.1%	R13,138,933	11.3%
Other Medicine	R7,604,022	7.1%	R7,780,368	6.7%
Medicines (Chronic)	(R126)	-	R1,049	-
Funeral	R2,912,800	2.7%	R3,048,000	2.6%
Medical Society Consultations	R4,001,400	3.7%	R3,860,610	3.3%
Trauma Counselling	R10,120	-	R17,092	-
Total	**R107,054,924**	**100.0%**	**R116,312,982**	**100.0%**

Table 6: Claims by benefit type from March 2023 to February 2025

Claims Incurred	1 Mar 2023 - 29 Feb 2024		1 Mar 2024 - 28 Feb 2025	
	Claims Incurred	% of Claims	Claims Incurred	% of Claims
Private Hospitals	R10,928,756	8.4%	R8,054,818	5.7%
Optometry	R2,366,651	1.8%	R2,968,596	2.1%
Radiology	R774,209	0.6%	R1,193,691	0.8%
Dentists	R634,585	0.5%	R1,501,130	1.1%
Pathology	R6,955,131	5.3%	R9,508,251	6.7%
General Practitioners	R57,739,098	44.3%	R56,889,401	40.0%
Specialists	-	-	R271,111	0.2%
Ambulance	R936,946	0.7%	R818,181	0.6%
Allied & Support Health Professionals	R24,876	-	R36,801	-
Other Suppliers of Service	R2,744,543	2.1%	R11,284,165	7.9%
Physiotherapy	-	-	R3,350	-
Dental Specialists	R64,981	0.1%	R122,045	0.1%
Medicines (Acute)	R15,662,597	12.0%	R14,751,763	10.4%
Nursing	R546	-	R0	-
Direct Medical Consultations	R17,813,826	13.7%	R18,614,517	13.1%
Other Medicine	R7,942,848	6.1%	R7,445,807	5.2%
Medicines (Chronic)	-	-	R696,047	0.5%
Funeral	R2,568,000	2.0%	R1,600,208	1.1%
Medical Society Consultations	R3,266,955	2.5%	R2,726,166	1.9%
Trauma Counselling	R22,693	-	R21,135	-

Group Practice	-	-	R1,305	-
Bulk Service Fees	-	-	R3,723,398	2.6%
Provincial Hospitals	-	-	R14,365	-
Total	**R130,447,240**	**100%**	**R142,246,252**	**100%**

SECTION 4: PROVISIONAL SERVICE LEVEL AGREEMENT

	SERVICE ITEM	SERVICE LEVEL STANDARD	MEASUREMENT
1	**Membership Administration and Communication**		
1.1	Received daily membership files up to the 10th of each month from NBCRFLI and update electronic member records accordingly.	Update electronic records within 24 hours of receipt of each membership file.	Daily system reports up to the 10th of the month showing membership totals balancing with input files and turnaround times.
1.2	Maintain member, Spouses, and dependant records, retaining history.	Update all membership records before the 15th of each month.	Monthly report indicating build-up with all changes from in-force previous month to in-force current month.
1.3	Issue and distribute membership cards with welcome pack to each member through pay	Within 7 working day of processing 90% of new member or change of member details, subject	System report showing activities and turnaround times and totals delivered per pay point.

	SERVICE ITEM	SERVICE LEVEL STANDARD	MEASUREMENT
	points as indicated by members or employers.	to data integrity and service providers.	
1.4	Maintain website with valid membership for access by healthcare providers.	As 1.1. above.	Daily confirmation up to the 10th of the month.
1.5	Provide all third parties including healthcare providers and clearing houses as appropriate with detailed member data.	As 1.1 above.	Daily confirmation up to the 10th of the month.
1.6	Prepare integrated health services documents and marketing material in physical and electronic format including member guide, dependant	As required and in collaboration with NBCRFLI.	Published on website. Monthly report.

	SERVICE ITEM	SERVICE LEVEL STANDARD	MEASUREMENT
	registration form and claim forms. Use of various communication media.		
1.7	Prepare and provide members with a summary of any benefit and contribution changes or any rule changes affecting the conditions of membership and communicate these through various media.	45 days before the effective date of the relevant rule change.	Published on website. Monthly report.
1.8	Presentation and attendance at NBCRFLI forums and at participating employers' workplaces to market, inform and explain the integrated health services	Presentation on improving benefit utilisation within thirty (30) days of contract signing.	Monthly and Quarterly report.

	SERVICE ITEM	SERVICE LEVEL STANDARD	MEASUREMENT
	to employers and members using various modes of notifications and publications.		
2	**Contributions/premiums administration**		
2.1	Raise monthly premium invoice for the integrated health services.	Raise premium invoice within 5 days after receiving the monthly membership file.	System report detailing turnaround times.
3	**Healthcare provider network maintenance**		
3.1	Maintain and enhance network of appointed healthcare providers for ease of access by members and publication thereof on the website and in call centre database, EDI setup where possible.	Ongoing maintenance of proof of contracting with providers and ensuring providers are aware of the integrated health services benefits, how they can check valid membership and how	Monthly report on list of providers and changes from previous month.

	SERVICE ITEM	SERVICE LEVEL STANDARD	MEASUREMENT
		they are to be reimbursed.	
3.2	Enrol providers onto network upon reasonable request of members.	Part of 3.1.	Part of 3.1.
4	**Medicine management and formulary**		
4.1	Compile and maintain a medicine formulary of acute medicines and medicines for eligible chronic conditions.	Formulary to be aligned with current one and maintained on ongoing basis according to appropriate industry standard.	Published on website.
4.2	Communicate formulary to provider network.	Ongoing.	Maintain record of provider communication.

	SERVICE ITEM	SERVICE LEVEL STANDARD	MEASUREMENT
4.3	Subcontract pharmacy medicine claims clearing to an accredited pharmaceutical benefit management organisation (clearing house).	Agreement to be in place prior to start. Daily data exchanges with clearing house.	Maintain record of contracting.
5	**Chronic disease management**		
5.1	Register members with eligible and verified chronic conditions upon application.	Registration completed within 24 hours of application by member/provider.	System report on request.
5.2	Authorise formulary medicines for re-imbursement and communication to the member.	Ongoing.	System report on request.

	SERVICE ITEM	SERVICE LEVEL STANDARD	MEASUREMENT
6	**HIV/Aids Management**		
6.1	Register members with HIV/Aids conditions upon application.	Registration completed within 24 hours of application by member/provider.	System report on request.
6.2	Authorise formulary medicines for re-imbursement and communication to the member.	Ongoing.	System report on request.
7	**Claims administration**		
7.1	Set up and maintain claims rules engine that electronically assesses claims according to the integrated health services	To be done prior to going live and ongoing thereafter.	Initial confirmation report and monthly thereafter.

	SERVICE ITEM	SERVICE LEVEL STANDARD	MEASUREMENT
	benefit structure and protocols.		
7.2	Maintain EDI processes with healthcare providers that are engaged.	Ongoing as part of provider network maintenance.	Part of 3.1.
7.3	Upload and process EDI claims.	Within 48 hours upon receipt.	Daily system report showing activities and turnaround times.
7.4	Process paper claims.	Within 5 working days upon receipt.	Daily system report showing activities and turnaround times.
8	**Payment of benefits**		

	SERVICE ITEM	SERVICE LEVEL STANDARD	MEASUREMENT
8.1	Payment of benefits due to members and providers into the member's or provider's nominated bank accounts (subject to benefit rules, assessments and procedures).	Process two payment runs per month.	Monthly claims report (see Reporting below).
8.2	Dispatch claims advices to providers (No routine member advices to be provided).	Within 5 working days after payment date.	Monthly report.
9	**Call centre service**		
9.1	Answer all telephone calls from members, employers or healthcare providers.	90% of all calls to be answered (measured monthly) i.e. 10% lost call ratio and within 60 seconds.	Telephone system report.

	SERVICE ITEM	SERVICE LEVEL STANDARD	MEASUREMENT
9.2	Respond to all enquiries (written and telephonic) which require attention.	Within 48 hours of receipt of the enquiry.	Monthly activity and turnaround report.
10	**Management Services**		
10.1	Monitor the administrative services of the integrated health services and provide the NBCRFLI with feedback on general and specific issues relating to the administration of the integrated health services.	Ongoing.	Monthly report.
10.2	Attend, present and assist with the preparation and co-ordination of regular monthly and ad hoc integrated health services	One week prior to meetings.	Monthly report.

	SERVICE ITEM	SERVICE LEVEL STANDARD	MEASUREMENT
	management meetings of NBCRFLI, service provider(s) and other representatives.		
10.3	Maintain the rules of the integrated health services.	Ongoing.	Monthly report.
10.4	Provide membership and claims data to the Integrated Health Services actuaries on their specifications via FTP site.	Monthly after the last claims pay run of the month. By no later than the 15th of the month.	Monthly confirmation to be provided to NBCRFLI.
11	**Reporting**		
11.1	Maintain systems to produce comprehensive	Ongoing.	Monthly report.

	SERVICE ITEM	SERVICE LEVEL STANDARD	MEASUREMENT
	and detailed management reports on all activities of the service providers to the integrated health services.		
11.2	Produce monthly, quarterly and ad hoc management reports.	No later than 10 working days after month end.	Monthly, quarterly, and ad hoc reports.
12	**Financial accounts**		
12.1	Maintain financial account systems of all income and expenditure of the integrated health services	When applicable.	Monthly accounts.
12.2	Prepare monthly financial management accounts.	By the 7th of the month following reporting period.	Monthly accounts.