

PLATINUM HEALTH MEDICAL SCHEME

REGISTRATION NUMBER: 29/4/2/1583

ANNUAL FINANCIAL STATEMENTS

FOR THE YEAR ENDED

31 DECEMBER 2021

PLATINUM HEALTH MEDICAL SCHEME

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ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2021

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PLATINUM HEALTH MEDICAL SCHEME

Registration Number: 29/4/2/1583

REPORT OF THE BOARD OF TRUSTEES

The Board of Trustees hereby presents its report for the year ended 31 December 2021.

1. MANAGEMENT

1.1 Board of Trustees in office during the year under review

<i>Name</i>	<i>Designation</i>
Employer Trustees	
Mr C Smith*	Northam Platinum Mine
Dr C Mbekeni	Anglo American Platinum
Mr P Krause	Anglo American Platinum
Mr W McCarthy	Anglo American Platinum
Mr P Coetzer	Royal Bafokeng Platinum (appointed 28 April 2021)
Mr J Jacobs	Royal Bafokeng Platinum (resigned 28 April 2021)
Mr I Osman	Siyanda Bakgatla Platinum Mine (appointed 4 June 2021)
Ms L Roets	Siyanda Bakgatla Platinum Mine (resigned 19 April 2021)
Mr D McDonald	Modikwa Platinum Mine
Member Trustees	
Mr J Hlangweni	Northam Platinum Mine
Mr SS Pheto	Anglo American Platinum Amandelbult
Mr K Kokohlabang	Anglo American Platinum Other
Mr B Molefe	Anglo American Platinum Process Division
Mr P Malamula	Royal Bafokeng Platinum
Mr DM Noko	Siyanda Bakgatla Platinum Mine
Mr P Maimela	Modikwa Platinum Mine

* Chairperson of the Board of Trustees

PLATINUM HEALTH MEDICAL SCHEME

REPORT OF THE BOARD OF TRUSTEES (Continued)

1. MANAGEMENT (Continued)

1.2 Trustee meeting attendance

The following schedule sets out Board of Trustee meeting attendances

	<i>Trustee Meetings</i>		<i>Audit Committee Meetings</i>		<i>Other Committee Meetings</i>	
	A	B	A	B	A	B
Employer Trustees						
Mr C Smith	9	9	3	3	8	8
Dr C Mbekeni	9	5			4	4
Mr P Krause	9	9			2	2
Mr W McCarthy	9	7				
Mr P Coetzer	3	3			8	6
Mr J Jacobs	4	3			2	1
Mr I Osman	5	5	2	2**	2	2**
Ms L Roets	3	3	1	1	2	2
Mr D McDonald	9	4				
Member Trustees						
Mr J Hlangweni	9	7			4	3
Mr SS Pheto	9	9			11	6
Mr K Kokohlabang	9	6			4	3
Mr B Molefe	9	7			9	8
Mr P Malamula	9	9	3	3*	3	3
Mr DM Noko	9	9	3	2*	3	3
Mr P Maimela	9	7			8	1

A - Total possible number of meetings could have attended

B - Actual number of meetings attended

Other Committees consist of the following:

Dispute committee

Investment committee

Remuneration committee

Product committee

Communication committee

Medical Ex-gratia committee

Risk Committee

*Attended as observers

** Attended first meeting as an observer

PLATINUM HEALTH MEDICAL SCHEME

REPORT OF THE BOARD OF TRUSTEES (Continued)

1. MANAGEMENT (Continued)

1.3 Principal Officer

Mr P W Mboniso
Platinum Health Medical Scheme
3 Kgwebo Street
Rustenburg
0299

Private Bag X82081
Rustenburg
0300

1.4 Registered Office

Platinum Health Medical Scheme
3 Kgwebo Street
Mabe Park
Rustenburg
0299

Private Bag X82081
Rustenburg
0300

1.5 Fund Administrator

Platinum Health Medical Scheme
3 Kgwebo Street
Mabe Park
Rustenburg
0299

Private Bag X82081
Rustenburg
0300

1.6 Independent Auditors

Ernst & Young Inc.
102 Rivonia Road
Sandton
Gauteng
2194

Private Bag X14
Sandton
2146

1.7 Investment Managers

Allan Gray Life Limited
1 Silo Square
V & A Waterfront
Cape Town
8001
FSP 6663

1.8 Independent Investment Advisor

Mr C Buchanan
31 Bantry Square
Bantry Road
Bryanston
PO Box 130664
Bryanston
2021

1.9 General Information

Domicile:	Registered Office 3 Kgwebo Street Mabe Park Rustenburg 0300
Legal form:	Medical Aid Scheme
Country of incorporation:	South Africa
Nature of the entity:	Non-profit organisation
Principal activities:	Provides medical aid cover to members of the Scheme

1.10 Investment in subsidiary

RA Gilbert Proprietary Limited:	100% (Acquired 1 June 2020)
Directors:	Mr C Smith, Ms L. Roets (Resigned 22 April 2021), Mr W McCarthy (Appointed 19 November 2021), Mr P Malamula and Mr B Molefe.
Principal activities:	Rental of equipment and pharmacy licenses to the Scheme.

PLATINUM HEALTH MEDICAL SCHEME

REPORT OF THE BOARD OF TRUSTEES (Continued)

2. DESCRIPTION OF THE MEDICAL SCHEME

2.1 Terms of registration

The Platinum Health Medical Scheme is a non-profit restricted Medical Scheme registered in terms of the Medical Schemes Act 131 of 1998 (the Act), as amended.

No guarantees have been received from third parties, in favour of Platinum Health Medical Scheme.

2.2 Healthcare options within the Platinum Health Medical Scheme

The Scheme offers three options:

- PlatComprehensive
- PlatCap
- PlatFreedom

2.3 Risk transfer arrangements

The Scheme has entered into fixed fee contracts with a number of specialists in Rustenburg for the rendering of specialist health services to its members.

The services are based on negotiated fixed monthly payments to the specialist and an adjustment of fees is negotiated if there is a substantial increase in members (up more than 10% growth from date of signing the contract). The services rendered to members are billed at Platinum Health Medical Scheme rates and the difference between the services provided at the rates and the fixed amount paid is the risk transfer surplus or deficit.

2.4 Own facilities

The Scheme has entered into capitation fee contracts with a number of participating employer companies for the rendering of work-based services to the employees and contractors of the employer groups. The services include occupational health care, rehabilitation and functional assessment, curative care and trauma emergency services. These services are rendered at the participating employer's premises at favourable conditions to the Scheme and are accounted for under own facility surplus (Note 19).

The assets used by the previous supplier of these services (Platmed Proprietary Limited) are being rented with an option to purchase on expiry of the rental agreement at a nominal value agreed between both parties.

PLATINUM HEALTH MEDICAL SCHEME

REPORT OF THE BOARD OF TRUSTEES (Continued)

3. INVESTMENT POLICY OF THE FUND

The trustees have invested the reserves in line with the Regulations of the Medical Schemes Act 131 of 1998, as amended. There has been no change in the policy during the year under review.

The Scheme's investment objectives are to maximise the return on its investments on a long-term basis at minimal risk. The Scheme's investments consist of a portfolio which is being managed by Allan Gray. The investment in the Allan Gray Life Domestic Stable Portfolio consists of equity, bills, bonds and cash and deposits.

The investment strategy takes into consideration both constraints imposed by legislation and those imposed by the Board of Trustees.

Allan Gray is mandated to comply with all the requirements of the Medical Schemes Act regarding the Allan Gray Life Domestic Stable Portfolio.

4. INSURANCE RISK MANAGEMENT

The primary insurance activity carried out by the Scheme assumes the risk of loss from members and their dependants that are directly subject to the risk. This risk relates to the health of the Scheme members. As such the Scheme is exposed to the uncertainty surrounding the timing and severity of claims under the contract.

The Scheme manages its insurance risk through approval procedures for transactions that involve pricing guidelines, pre-authorisation and case management, service provider profiling, centralised management of risk transfer arrangements, and the monitoring of emergency issues.

The Scheme uses several methods to assess and monitor insurance risk exposures both for individual types of risks insured and overall risks. These methods include internal risk measurement models, sensitivity analyses, scenario analyses and stress testing. The theory of probability is applied to the pricing and provisioning for a portfolio of insurance contracts. The principal risk is that the frequency and severity of claims are greater than expected. A significant portion of health services are rendered through in-house service providers. Since the biometric identification is deployed the risk to the Scheme is significantly reduced.

Insurance events are, by their nature, random, and the actual number and size of events during any one year may vary from those estimated with established statistical techniques. There are no changes to assumptions used to measure insurance assets and liabilities that have a material effect on the annual financial statements and there are no terms and conditions of insurance contracts that have a material effect on the amount, timing and uncertainty of the Scheme's cash flows.

PLATINUM HEALTH MEDICAL SCHEME

REPORT OF THE BOARD OF TRUSTEES (Continued)

5. REVIEW OF THE YEAR'S ACTIVITIES

5.1 Operational Statistics

	2021		2020	
	All Options	Plat Comprehensive	All Options	Plat Comprehensive
Number of members at year end	54 730	50 368	52 062	47 311
Average number of members for the year *	53 424	48 720	51 672	46 709
Average administration and managed care costs incurred per beneficiary per month	R96	R97	R105	R105
Average accumulated funds per member at 31 December	R11 644	R10 345	R11 248	R10 939
Dependant ratio as at 31 December	1:0.792	1:0.793	1:0.772	1:0.780
Non-healthcare expenses as a percentage of gross contributions	7%	7%	8%	8%
Average number of beneficiaries during the accounting period	95 242	87 215	90 532	82 344
Number of beneficiaries at year end	98 059	90 290	92 255	84 230
Net contributions per average beneficiary per month *	R1 409	R1 415	R1 352	R1 362
Relevant healthcare expenditure per average beneficiary per month *	R1 358	R1 399	R1 142	R1 172
Non-healthcare expenditure per average beneficiary per month *	R100	R100	R109	R109
Relevant healthcare expenditure as a percentage of gross contributions	96%	99%	84%	86%
Average age of beneficiaries at 31 December	30.76	30.68	31.04	30.97
Return on investments as a percentage of investments	8.64%	8.64%	1.81%	1.81%
Pensioners ratio at 31 December	1.41%	1.54%	1.42%	1.56%
	PlatCap	PlatFreedom	PlatCap	PlatFreedom
Number of members at year end	2 883	1 479	3 270	1 481
Average number of members for the year *	3 264	1 440	3 507	1 456
Average administration and managed care costs incurred per beneficiary per month	R95	R96	R103	R105
Average accumulated funds per member at 31 December	R23 438	R32 922	R13 551	R16 009
Dependant ratio as at 31 December	1:0.063	1:2.181	1:0.055	1:2.089
Non-healthcare expenses as a percentage of gross contributions	8%	7%	10%	8%
Average number of beneficiaries during the accounting period	3 460	4 567	3 708	4 480
Number of beneficiaries at year end	3 065	4 704	3 450	4 575
Net contributions per average beneficiary per month *	R1 182	R1 459	R1 120	R1 367
Relevant healthcare expenditure per average beneficiary per month *	R739	R1 036	R717	R931
Non-healthcare expenditure per average beneficiary per month *	R99	R99	R107	R107

PLATINUM HEALTH MEDICAL SCHEME

REPORT OF THE BOARD OF TRUSTEES (Continued)

5. REVIEW OF THE YEAR'S ACTIVITIES (Continued)

5.1 Operational Statistics (Continued)

	2021		2020	
	PlatCap	PlatFreedom	PlatCap	PlatFreedom
Relevant healthcare expenditure as a percentage of gross contributions	63%	71%	64%	68%
Average age of beneficiaries at 31 December	40.69	24.22	40.88	24.08
Return on investments as a percentage of investments	8.64%	8.64%	1.81%	1.81%
Pensioners ratio at 31 December	0.05%	0.04%	0.03%	0.06%

* Averages are calculated using the sum of the 12 months' actual monthly membership divided by 12

5.2 Results of operations

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

5.3 Solvency margin

	2021 R	2020 R
The solvency margin is calculated on the following basis:		
Members' funds per the statement of financial position	637 299 495	585 567 768
Less: Cumulative unrealised net gains on re-measurement to fair value of financial instruments **	(4 452 531)	—
Accumulated funds per Regulation 29	632 846 964	585 567 768
Gross contributions	1 610 141 924	1 469 049 960
Solvency margin (Accumulated funds/Gross annual contribution income x 100)	39%	40%

** Cumulative net (gains)/losses on re-measurement to fair value is calculated as follows:

Net cumulative unrealised loss / (gains) opening balance	32 610 044	10 485 332
Add: Unrealised loss / (gain) on re-measurement to fair value of financial instruments	(37 062 575)	22 124 712
Cumulative net unrealised (gains) / loss on re-measurement to fair value of investments included in accumulated funds	(4 452 531)	32 610 044

5.4 Members Funds

Movements in the member's funds are set out in the statement of changes in funds. There have been no unusual movements that the trustees believe should be brought to the attention of the members of the Scheme.

PLATINUM HEALTH MEDICAL SCHEME

REPORT OF THE BOARD OF TRUSTEES (Continued)

5. REVIEW OF THE YEAR'S ACTIVITIES (Continued)

5.5 Outstanding Claims

The basis of calculation of the outstanding claims provision is disclosed in Note 10 of the financial statements and this basis is consistent with the prior year. Movements on the outstanding claims provision are set out in Note 10.

6. ACTUARIAL VALUATION

An actuarial valuation report accompanies the contribution and benefit levels submitted to the Council for Medical Schemes.

7. SUBSEQUENT EVENTS

There are no significant events after the reporting date which requires disclosure or adjustment to the annual financial statements.

8. IMPLICATIONS OF COVID-19

Since the outbreak of the Coronavirus during mid-January 2020 the Trustees have taken COVID-19 into consideration in terms of the possible effects of COVID-19 when considering the going concern assumptions, valuation and impairment of non-financial assets, financial instruments, any concessions, and ability to meet the day-to-day requirement of the medical scheme to its members. The Trustees continue to consider the potential impact of the outbreak on significant estimates and judgements going forward for the Scheme.

During the financial year of 2021 the Scheme has experienced three COVID-19 waves. However due to the efforts that were put in at the start of COVID-19 from an operational perspective and the planning that went into the readiness of our facilities and staff to deal with COVID-19 the Scheme has dealt with COVID exceptionally well despite the added costs. The measures that the Scheme put into place to manage its risk in relation to the pandemic are as follows:

- All staff were trained to assess patients and follow COVID-19 protocols.
- Temperature scanners to identify elevated body temperatures of patients entering the Schemes facilities were acquired.
- All patients with chronic medical conditions were given 6 months chronic medicine to ensure that these patients, most vulnerable to develop severe symptoms from COVID-19, were not exposed unnecessarily by having to collect chronic medicine within short intervals. Members with chronic medical conditions were encouraged to take medication as prescribed.
- All patients who are HIV positive have been encouraged to go onto ART immediately. Patients on ART, but not yet viral load suppressed have been encouraged to take medication as prescribed to ensure that they become viral load suppressed.
- PPE was purchased to ensure that the Scheme has adequate reserves in place.
- Extensive education has taken place, and continues, with newsflashes having been distributed and information pertaining to COVID-19 being displayed on televisions at all the Schemes facilities.

Notwithstanding the above, the Scheme, during the 2021 financial year, has conducted over 36 000 COVID-19 tests of which over 8 000 tested COVID-19 positive. In total R31m was spent in respect of PCR tests. In addition to PCR tests, the Scheme has spent R85m on hospital costs in 2021 related to COVID-19.

During 2021 financial year the Scheme started vaccination campaigns at all sites with the objective to vaccinate at least 70% of its beneficiaries. The Scheme achieved a 71.5% vaccination rate of all beneficiaries (18 years+) of which 91% of the beneficiaries were fully vaccinated and 80% of the vulnerable beneficiaries (60 years+ and chronic medical conditions such as Hypertension, Diabetes, HIV and TB) were vaccinated. The Scheme has spent R30m in respect of COVID-19 vaccinations. The vaccination campaigns have continued in 2022 with the objective to vaccinate those members not yet vaccinated as well as administer booster vaccines to those already vaccinated.

PLATINUM HEALTH MEDICAL SCHEME

REPORT OF THE BOARD OF TRUSTEES (Continued)

8. IMPLICATIONS OF COVID-19 (Continued)

In addition to COVID-19 vaccination campaigns flu vaccinations are an important preventative measure to try and ensure that the immune system has a greater chance of fighting the virus and the Scheme, through its related parties, are procuring vaccines to vaccinate members of the Scheme as a preventative measure once again in 2022.

The Scheme has assessed the risks of the COVID-19 pandemic, put together a response plan, analysed its ability to continue as a going concern and at this stage is confident that during this global pandemic the Group will remain viable and continue as a going concern. Subsequent to the year end the Scheme has continued to outperform budget and with reserves of over R636m the going concern assumption is still valid. No estimates and judgement have been impacted by the COVID-19 pandemic nor has there been any changes to the accounting policies of the Scheme.

The Scheme owns Property Plant and Equipment (PPE), and the valuation and impairment of PPE has not been impacted by the outbreak of COVID-19. Due to the nature of the business that the Scheme operates, the nature of PPE it holds and that it serves a captive market there is no material uncertainty with regards to the valuation of PPE. PPE in use has assisted the Scheme to provide healthcare services to its members. The Scheme does not hold investment property or any property in its own name.

The investment in RA Gilbert (Pty) Ltd (RAG) by the Scheme has in no way been impaired as an investment. The business of RAG in dispensing of cost-effective medication to beneficiaries of the Scheme and the 6-month bulk chronic medication dispensed in 2021 has aided the Scheme to keep healthcare costs under control and therefore impairment of the investment is not a concern. The fair value of RAG has been considered in the past by independent valuers and takes into consideration a net asset value technique which in this case is still favourable and improving.

Although the economy has been impacted negatively by the numerous lockdown levels and restrictions imposed by Government, platinum group metal prices have surged to all-time highs in 2021, resulting in participating employers (Platinum Mines) recording excellent financial results. All the participating employers have continued to honour their contribution payments during the COVID -19 pandemic.

With the credit risk not being a material concern for the Scheme and with all the participating employers making monthly contribution payments there has been no 'liquidity risk' to the Scheme. The Schemes objective when managing liquidity is to ensure that, as far as possible, it will have sufficient liquidity to meet its liabilities when they become due, under both normal and stressed conditions, without incurring unacceptable losses or risking damage to the Schemes reputation. The Scheme and the Investment Committee continue to manage cashflow with the Investment Committee continuously seeking alternative options to optimise investment returns.

To assist the members, the Board of Trustees has once again taken a decision to defer the annual contribution increase by 2 months. The 2022 contribution increase will only be implemented with effect from 1st March 2022, therefore providing R18m assistance to members.

The Scheme through its governance structures continues to monitor the impact of COVID-19 and will ensure that corrective measures are implemented should the need arise.

9. TRUSTEES' REMUNERATION AND EXPENSES

Trustees are not remunerated for their services, other than disbursements for attending conferences and training. An attendance and cell phone allowance are paid to those trustees who opted for this allowance. The disbursements and allowances for the year are R816 676 (2020: R22 880).

10. FIDELITY COVER

The Scheme has fidelity cover in place and the premiums are fully paid up and in place until 30 June 2022. The Health Professionals employed by the Scheme, Trustees elected, and Independent Committee Members are covered for any claims with regard to services rendered by them.

PLATINUM HEALTH MEDICAL SCHEME

REPORT OF THE BOARD OF TRUSTEES (Continued)

11. NON-COMPLIANCE WITH MEDICAL SCHEMES ACT 131 of 1998

The following areas of non-compliance of the Medical Schemes Act 131, 1998 were identified during the year:

(1) Investments in employer and administrator companies

Nature and cause of non-compliance

In terms of the Medical Schemes Act and specifically Section 35 (8)(a) it is a requirement that a medical scheme shall not invest any of its assets in the business of or grant loans to an employer who participates in the Medical Scheme, or any administrator or any arrangement associated with the Medical Scheme. As per the explanatory Note 8 to Annexure B in terms of the Medical Schemes Act, compliance is tested on a look-through principle. Therefore, if the Scheme has invested in a pooled fund/collective investment Scheme which has invested some of their assets in the Scheme's employer group, the Scheme is non-compliant to the requirements of section 35(8).

The following investments are held indirectly in employer companies at year end through the Allan Gray pooled funds:

	2021 R	2020 R
• Northam Platinum Limited	10 719 616	7 105 103
• Anglo American Plc	–	1 596 756

The following investments are held indirectly in administrator companies at year end through Allan Gray pooled funds:

• MMI Holdings Ltd	405 367	263 107
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Possible impact of non-compliance

The contravention of the Act will have an insignificant impact on the Scheme as the amounts invested in employer companies and administrator companies are immaterial and the Scheme has no influence over the investment decision. The Council for Medical Schemes has been notified and have not imposed any penalties on these contraventions.

Corrective course of action adopted to ensure compliance, including the timing of the corrective action

Compliance with the Medical Scheme Act should always be considered when investments are made by the Scheme or by the portfolio managers. If not in compliance, the Registrar should be informed immediately. The Scheme has no direct or indirect influence over the Allan Gray investment strategies as the pooled funds are invested to optimise return on investment for the entire portfolio. A letter confirming the exemption from investing in employer groups and medical scheme administrators through asset managers where such investment choices are not influenced by the Scheme was received from the Council for Medical Schemes for a period of 3 years, commencing 1 December 2019.

(2) 3 Day rule – contributions not received within 3 days of becoming payable

Nature and cause of non-compliance

In terms of the Medical Schemes Act and specifically Section 26 (7) contributions should be received in accordance with the rules of the Scheme. The rules indicate that contributions payable should be received no later than the third day of each month. As at 31 December 2021, there were contribution debtors outstanding for more than 30 days to the amount of R1 687 200 (2020: R1 493 472). This amount represents about 1% of the total contributions received during the year, but the delay in receipt is in contravention of Section 26(7) of the Medical Schemes Act.

PLATINUM HEALTH MEDICAL SCHEME

REPORT OF THE BOARD OF TRUSTEES (Continued)

12. NON-COMPLIANCE WITH MEDICAL SCHEMES ACT 131 of 1998 (Continued)

(2) 3 Day rule – contributions not received within 3 days of becoming payable (Continued)

Possible impact of non-compliance

The contravention of the Act may result in the Council for Medical Schemes imposing penalties for the non-compliance.

Corrective course of action adopted to ensure compliance, including the timing of the corrective action

The Scheme continually strives to have all membership changes updated before the following contribution run. Due to the nature of the membership movement, and the communication process between the employer's administrators on the one hand and the Scheme on the other, this is not always possible.

(3) Exceeding the 2.5% limit – Any other assets not referred to elsewhere in Annexure B of Regulation 30

Nature and cause of non-compliance

In terms of the Medical Schemes Act and specifically Regulation 30, the percentage of assets held as per Annexure B, item 7 Any other assets not referred to elsewhere in this annexure:

(a) Inside the Republic

(i) Where inventories are included, inclusion at the smaller of book and realisable value

The assets held under this section exceeded the 2.5% limitation for the period April 2021 to October 2021, not exceeding 3.37% in any one month as a result of the increased inventory of medicine, PPE and vaccines directly related to COVID-19.

Possible impact of non-compliance

The contravention of the Act may result in the Council for Medical Schemes imposing penalties for the non-compliance.

Corrective course of action adopted to ensure compliance, including the timing of the corrective action

The Scheme continually strives to adhere to the requirements as per the Medical Schemes Act but due to the Covid 19 pandemic additional medicine, PPE and vaccine stock were carried during the third wave and the extensive COVID-19 vaccination campaigns(July 2021 to November 2021). After the third wave and vaccination campaigns the stock holding reduced to keep the assets within the 2.5% requirement.

The Council for Medical Schemes(Council) has been engaged by the Scheme on the non-compliance issue and the initial meeting was held on the 17th January 2022 where the Scheme detailed the reasons for the non compliance and what corrective action had been taken. During the session the Scheme explained to the Council how the Scheme's Health Maintenance Organization operated in order to give the Council a view of operations and how the 2.5% was breached as explained in the note. Further to this engagement with the Council the Principal Officer has sent through various correspondence on the matter of which the Scheme still awaits a formal response from the Council.

The Scheme will continue to engage with the Council in order to resolve the matter going forward so as not be non-complaint in the future.

13. RELATED PARTY TRANSACTIONS

Refer to related party disclosure in Note 27 of the financial statements.

PLATINUM HEALTH MEDICAL SCHEME

REPORT OF THE BOARD OF TRUSTEES (Continued)

14. INVESTMENTS IN AND LOANS TO PARTICIPATING EMPLOYERS OF MEMBERS OF THE MEDICAL SCHEME

The Medical Scheme holds no direct investments in or loans to participating employers of Medical Scheme members, other than the pooled investment through Allan Gray (refer to 11.1 above).

15. AUDIT COMMITTEE

An Audit Committee was established in accordance with the provisions of the Medical Schemes Act 131 of 1998. The Board of Trustees mandates the Committee by means of written terms of reference as to its membership, authority, and duties. The Committee consists of five members of which three are independent members.

The majority of the members, including the chairperson, are independent of the Scheme. The Committee met on 13 April 2021, 19 August 2021, and 8 November 2021.

The Chief Executive Officer, Principal Officer and Chief Financial Officer of the Medical Scheme, the internal and external auditors attend the Committee meetings and have unrestricted access to the chairperson of the Committee.

In accordance with the provisions of the Act, the primary responsibility of the Committee is to assist the Board of Trustees in carrying out its duties relating to the Scheme's accounting policies, internal control systems and financial reporting practices. The internal and external auditors formally report to the Committee on critical findings arising from the audit activities.

The principal activities of the Audit Committee which are formulated in the Audit Charter are:

- Review of the effectiveness of internal controls and the financial functions
- Monitoring of governance and risk management processes
- Review of effectiveness of internal and external audits
- Recommendation of appointment of external auditors and fees
- Recommendation of appointment of internal auditors and fees
- Evaluation of external and internal audit reports
- Recommending approval of Financial Statements

The Audit Committee comprises of the following:

	Meetings Attended
Mr I Catt (Independent Chairperson)	3 of 3
Mrs V Voogt (Independent) (appointed 1 November 2021)	1 of 1
Mr P Fernandes (Independent) (resigned 18 October 2021)	2 of 2
Mr D Cathrall (Independent)	3 of 3
Mr C Smith (Trustee)	3 of 3
Mr I Osman (Trustee) (appointed 2 September 2021)	2 of 2
Mrs L Roets (Trustee) (resigned 19 April 2021)	1 of 1

- * Attended first meeting as an observer

16. INVESTMENT COMMITTEE

An Investment Committee was established and is mandated by the Board of Trustees by means of written terms of reference as to its membership, authority and duties. This Committee consists of four members of which two must be members of the Board of Trustees. One of the members is an independent advisor.

The Committee met on 14 January 2021, 13 April 2021, 19 August 2021 and 8 November 2021.

The Chief Executive Officer, the Principal Officer and the Chief Financial Officer of the Medical Scheme attend the Investment Committee meetings and have unrestricted access to the chairperson of the committee.

The primary responsibility of the Investment Committee is to assist the Board of Trustees in carrying out its duties relating to the investment policy of the Scheme.

PLATINUM HEALTH MEDICAL SCHEME

REPORT OF THE BOARD OF TRUSTEES (Continued)

16. INVESTMENT COMMITTEE (Continued)

The mandate of the committee is to ensure that:

- the Scheme remains liquid;
- investments are placed at minimum risk and at the best possible rate of return;
- investments made are in compliance with the regulations of the Act; and
- a risk assessment is performed with feedback to the Board of Trustees with recommendations on the risks identified.

The Investment Committee comprises of the following:

			Meetings Attended
Mrs L Roets	(Chairperson Trustee)	(resigned 19 April 2021)	2 of 2
Mr I Osman	(Chairperson Trustee)	(appointed 2 September 2021)	2 of 2
Mr C Buchanan	(Independent Advisor)		4 of 4
Mr C Smith	(Trustee)		4 of 4
Mr J Hlangweni	(Trustee)		3 of 4

- * Attended first meeting as an observer

17. REMUNERATION COMMITTEE

A Remuneration Committee was established and is mandated by the Board of Trustees by means of written terms of reference as to its membership, authority and duties. The Remuneration Committee should consist of at least three members of which at least two must be members of the Board of Trustees based on the Rules of the Scheme, and should have comprehensive Human Resources or Finance background. Proficiency in remuneration and benefits will be a pre-requisite. The Scheme is in the process of appointing a further member to the Committee.

The Committee met on 18 January 2021 and 17 November 2021.

The Chief Executive Officer, Human Resources Manager and the Chief Financial Officer attend the Remuneration Committee meetings.

The Committee's terms of reference, and as such its primary responsibility, is to advise the Board of Trustees on remuneration guidelines, policies and strategies with respect to remuneration, incentives and other related benefits.

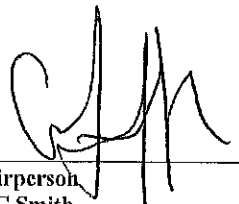
The Remuneration Committee comprises of the following:

		Meetings Attended
Mr P Krause	(Chairperson Trustee)	2 of 2
Mr C Smith	(Trustee)	2 of 2

18. GOING CONCERN

The Board of Trustees are satisfied that the Scheme has adequate resources to continue in operational existence for the foreseeable future. Accordingly, the Scheme continues to adopt the going concern basis in preparing the annual financial statements.

The Board of Trustees are of the opinion that the annual financial statements fairly present the financial position of the Scheme as at 31 December 2021, and the results of its operations and cash flow information for the year then ended.


Chairperson
Mr C Smith

12 April 2022
Johannesburg
PLATINUM HEALTH MEDICAL SCHEME

STATEMENT OF RESPONSIBILITY BY THE BOARD OF TRUSTEES

The Trustees are responsible for the preparation, integrity and fair presentation of the annual financial statements of Platinum Health Medical Scheme. The annual financial statements presented on pages 20 to 84 have been prepared in accordance with International Financial Reporting Standards (IFRS) and the Medical Schemes Act 131 of 1998, as amended, of South Africa, and include amounts based on judgement and estimates made by management.

The Trustees consider that in preparing the annual financial statements they have used the most appropriate accounting policies, consistently applied and supported by reasonable and prudent judgements and estimates.

The Trustees are satisfied that the information contained in the annual financial statements fairly presents the results of the operations for the year and the financial position of the Scheme at year-end. The Trustees also prepared the other information included in the report of the Board of Trustees and are responsible for both its accuracy and its consistency with the annual financial statements.

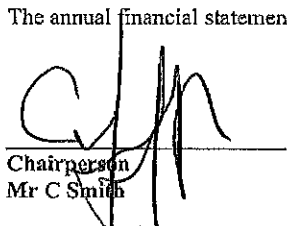
The Trustees are responsible for ensuring that accounting records are kept. The accounting records disclose with reasonable accuracy the financial position of the Scheme which enables the Trustees to ensure that the annual financial statements comply with the relevant legislation.

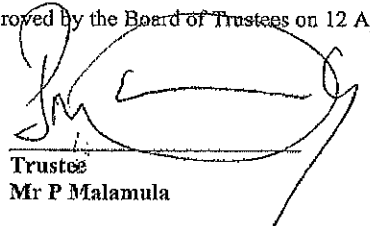
Platinum Health Medical Scheme operated in a well-established control environment, which is well documented and regularly reviewed. This incorporates risk management and internal control procedures, which are designed to provide reasonable, but not absolute, assurance that the assets are safeguarded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

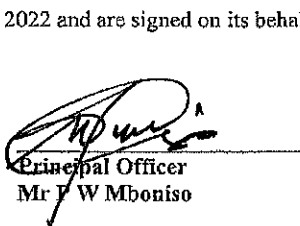
The going concern basis has been adopted in preparing the annual financial statements. The Trustees have no reason to believe that the Scheme will not be a going concern in the foreseeable future, based on forecasts and available cash resources. These annual financial statements support the viability of the Scheme.

The independent auditor is responsible for reporting on the fair presentation of the financial statements.

The annual financial statements were approved by the Board of Trustees on 12 April 2022 and are signed on its behalf by:


Chairperson
Mr C Smith


Trustee
Mr P Malamula


Principal Officer
Mr P W Mboniso

PLATINUM HEALTH MEDICAL SCHEME

STATEMENT OF CORPORATE GOVERNANCE BY THE BOARD OF TRUSTEES

The Platinum Health Medical Scheme is committed to the principles and practice of fairness, openness, integrity and accountability in all dealings with its stakeholders. The member elected Trustees are proposed and elected by the members of the Scheme and the Employer appointed trustees are appointed by the employer groups.

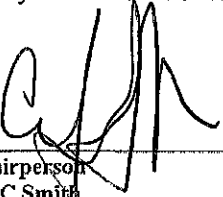
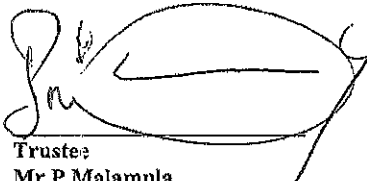
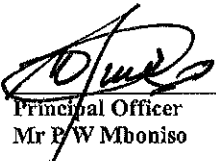
BOARD OF TRUSTEES

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

INTERNAL CONTROLS

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

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


Chairperson
Mr C Smith
Trustee
Mr P Malamula
Principal Officer
Mr P W Mboniso

12 April 2022

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF PLATINUM HEALTH MEDICAL SCHEME

Report on the Financial Statements

Opinion

We have audited the financial statements of Platinum Health Medical Scheme (the Scheme), set out on pages 20 to 84, which comprise the statement of financial position as at 31 December 2021, and the statement of comprehensive income, the statement of changes in funds and the statement of cash flows for the year ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the financial statements present fairly, in all material respects, the financial position of Platinum Health Medical Scheme as at 31 December 2021, and its financial performance and cash flows for the year ended 31 December 2021 in accordance with International Financial Reporting Standards (IFRSs) and the requirements of the Medical Schemes Act of South Africa.

Basis for Opinion

We conducted our audit in accordance with International Standards on Auditing (ISAs). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the financial statements section of our report. We are independent of the Scheme in accordance with the Independent Regulatory Board for Auditors' Code of Professional Conduct for Registered Auditors (IRBA Code) and other independence requirements applicable to performing audits of financial statements of the Scheme and in South Africa. We have fulfilled our other ethical responsibilities in accordance with the IRBA Code and in accordance with other ethical requirements applicable to performing audits in the Scheme and in South Africa. The IRBA Code is consistent with the corresponding sections of the International Ethics Standards Board for Accountants' International Code of Ethics for Professional Accountants (including International Independence Standards). We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Key Audit Matters

Key audit matters are those matters that, in our professional judgment, were of most significance in our audit of the financial statements of the current period. We have determined that there are no key audit matters to communicate in our report.

Other Information

The Scheme Trustees are responsible for the other information. The other information comprises the information included in the document titled "Platinum Health Medical Scheme Annual Financial Statements for the year ended 31 December 2021" which includes the Report of the Board of Trustees, the Statement of Corporate Governance by the Board of Trustees and the Statement of Responsibility by the Board of Trustees.

The other information does not include the financial statements and our auditor's report thereon.

Our opinion on the financial statements does not cover the other information and we do not express an audit opinion or any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated.

If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Responsibilities of the Scheme's Trustees for the Financial Statements

The Scheme's trustees are responsible for the preparation and fair presentation of the financial statements in accordance with International Financial Reporting Standards and the requirements of the Medical Schemes Act of South Africa, and for such internal control as the Scheme's trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Scheme's trustees are responsible for assessing the Scheme's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Scheme's trustees either intend to liquidate the Scheme or to cease operations, or have no realistic alternative but to do so.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with ISAs, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Scheme's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Scheme's trustees.
- Conclude on the appropriateness of the Scheme's trustees' use of the going concern basis of accounting and based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Scheme's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Scheme to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the Scheme's trustees regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

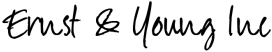
From the matters communicated with the Scheme's trustees, we determine those matters that were of most significance in the audit of the financial statements of the current period and are therefore the key audit matters. We describe these matters in our auditor's report unless law or regulation precludes public disclosure about the matter or when, in extremely rare circumstances, we determine that a matter should not be communicated in our report because the adverse consequences of doing so would reasonably be expected to outweigh the public interest benefits of such communication.

Report on Other Legal and Regulatory Requirements

As required by the Council for Medical Schemes, we draw your attention to note 35 which outlines instances of non-compliance with the Medical Schemes Act of South Africa.

Audit tenure

As required by the Council for Medical Schemes' Circular 38 of 2018 Audit Tenure, we report that Ernst & Young Inc. has been the auditor of Platinum Health Medical Scheme for 20 years. The engagement partner, Deon van der Walt, has been responsible for Platinum Health Medical Scheme's audit for 3 years.

DocuSigned by:

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Ernst & Young Inc.
Deon van der Walt
Registered Auditor

29 April 2022

Johannesburg

PLATINUM HEALTH MEDICAL SCHEME

**STATEMENT OF FINANCIAL POSITION
AS AT 31 DECEMBER 2021**

	<i>Note</i>	2021 R	2020 R
Assets			
Non-current assets		65 760 352	66 940 883
Property, plant and equipment	2	62 441 006	63 621 537
Investment in Subsidiary	3	3 319 346	3 319 346
Current assets		907 282 181	788 192 083
Pharmaceutical inventories	4	8 527 874	325 691
Trade and other receivables	5	58 509 808	38 027 021
Investments held at fair value through profit or loss	6	407 609 058	348 474 475
Cash and cash equivalents	7	432 635 441	401 364 896
Total assets		973 042 533	855 132 966
Funds and liabilities			
Members' Funds			
Accumulated funds		637 299 498	585 567 768
Non-current liabilities			
Long-term liabilities	8	74 942 662	64 280 584
Current liabilities		260 800 373	205 284 614
Trade and other payables	9	176 035 769	143 311 737
Outstanding claims provision	10	67 920 000	45 400 000
Leave accruals	11	16 844 604	16 572 877
Total funds and liabilities		973 042 533	855 132 966

PLATINUM HEALTH MEDICAL SCHEME

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 DECEMBER 2021

	Note	2021 R	2020 R
Gross contribution income	12	1 610 141 924	1 469 049 960
Relevant healthcare expenditure		(1 552 755 733)	(1 240 375 561)
Net claims incurred	13	(1 549 879 932)	(1 237 026 935)
– Claims incurred		(1 550 219 919)	(1 237 678 206)
– Third party claim recoveries		339 987	651 271
Net loss on risk transfer arrangements	14	(2 875 801)	(3 348 626)
– Risk transfer arrangement fees/premiums paid		(11 461 464)	(10 565 219)
– Recoveries from risk transfer arrangements		8 585 663	7 216 593
Gross healthcare result		57 386 191	228 674 399
Managed care: management services	15	(14 364 252)	(14 906 323)
Administration expenses	17	(95 902 263)	(98 996 613)
Net impairment losses on healthcare receivables	16	(821 419)	(2 401 872)
Net healthcare result		(53 701 743)	112 369 591
Other income		872 937 991	444 878 953
Investment income	18	35 541 151	35 662 657
Income from use of own facilities	19	799 952 850	407 804 026
Fair value adjustment of investments held at fair value through profit or loss	6	37 062 575	–
Net impairment loss recovery		131 448	126 704
Sundry revenue		109 563	1 274 946
Profit on sale of assets		140 404	10 620
Other expenditure		(767 504 518)	(427 940 863)
Cost incurred in provision of own facilities	19	(763 211 260)	(400 512 367)
Fair value adjustment of investments held at fair value through profit or loss	6	–	(22 124 712)
Finance costs	20	(1 879 609)	(3 200 179)
Sundry expenses		(576)	(2 870)
Asset management fees	22	(2 413 073)	(2 100 735)
Net surplus for the year		51 731 730	129 307 681
Other comprehensive income		–	–
Total comprehensive income for the year		51 731 730	129 307 681

PLATINUM HEALTH MEDICAL SCHEME

**STATEMENT OF CHANGES IN FUNDS
FOR THE YEAR ENDED 31 DECEMBER 2021**

	Members' Funds R
Balance at 31 December 2019	456 260 087
Total comprehensive income for the year	<u>129 307 681</u>
Balance at 31 December 2020	585 567 768
Total comprehensive income for the year	<u>51 731 730</u>
Balance at 31 December 2021	<u>637 299 498</u>

PLATINUM HEALTH MEDICAL SCHEME

**STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 31 DECEMBER 2021**

	<i>Note</i>	2021 R	2020 R
Net cash inflow / (outflow) from operating activities			
Cash generated by operations	23	49 377 716	209 560 489
Cash received from members		1 609 690 833	1 490 485 698
Cash paid to suppliers and employees		(1 560 313 117)	(1 280 925 209)
Net cash outflow from investing activities		(5 062 136)	(4 414 070)
Purchase of property, plant and equipment	2	(5 202 540)	(1 105 344)
Proceeds on disposal of assets		140 404	10 620
Investment in Subsidiary	3	–	(3 319 346)
Net investment deposit / withdrawal		–	–
Interest received on investments	18	18 754 366	16 923 886
Income received on real estate investment unit trusts	23	–	143 641
Dividends received on investments	18	5 387 897	8 166 387
Proceeds on disposal of investments to pay management fees	6	2 413 073	2 100 735
Asset management fee paid	6	(2 413 073)	(2 100 735)
Costs incurred in maintaining the investment	6	(29 059)	(34 109)
Net investment income capitalised	6	(24 113 204)	(25 199 805)
Net cash outflow from financing activities		(13 045 036)	(11 745 274)
Payment of lease liability	8.1	(4 530 476)	(3 310 461)
Interest paid on lease liability	8.1	(8 514 559)	(8 434 813)
Net increase in cash and cash equivalents		31 270 544	193 401 145
Cash and cash equivalents at beginning of year	7	401 364 896	207 963 751
Cash and cash equivalents at end of year	7	432 635 440	401 364 896

PLATINUM HEALTH MEDICAL SCHEME

NOTES TO THE ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2021

1. ACCOUNTING POLICIES

1.1 Basis of preparation

The annual financial statements set out on pages 20 to 84 are prepared in accordance with and comply with International Financial Reporting Standards (IFRS), Interpretations issued by the International Financial Reporting Interpretations Committee (IFRIC) and the Medical Schemes Act, 1998 as amended. The annual financial statements are prepared on the historical cost basis unless specifically stated otherwise in the accounting policies. The annual financial statements are presented in Rands, the functional currency of the Scheme, and all values are rounded to the nearest Rand. The annual financial statements are prepared on a going concern basis.

1.2 Changes in accounting policies

The accounting policies adopted are consistent with those of the previous financial year except for IFRS 16 which required a new accounting treatment for leases.

Standards or Interpretations issued but not yet effective

At the date of authorisation of these annual financial statements, the following relevant standards were in issue but not yet effective. The Scheme has elected not to early adopt any of these standards.

Standard/Interpretation	Pronouncement	Effective date
	Key requirements	
IFRS 17: Insurance Contracts	The overall objective of IFRS 17 is to provide an accounting model for insurance contracts that is more useful and consistent for insurers. In contrast to the requirements in IFRS 4, which are largely based on grandfathering previous local accounting policies, IFRS 17 provides a comprehensive model for insurance contracts, covering all relevant accounting aspects. The core of IFRS 17 is the general model, supplemented by: • A specific adaptation for contracts with direct participation features (the variable fee approach) • A simplified approach (the premium allocation approach) mainly for short-duration contracts The main features of the new accounting model for insurance contracts are, as follows: • The measurement of the present value of future cash flows, incorporating an explicit risk adjustment, remeasured every reporting period (the fulfilment cash flows) • A Contractual Service Margin (CSM) that is equal and opposite to any day one gain in the fulfilment cash flows of a group of contracts, representing the unearned profit of the insurance contracts to be recognised in surplus or deficit over the service period (i.e., coverage period) • Certain changes in the expected present value of future cash flows are adjusted against the CSM and thereby recognised in surplus or deficit over the remaining contractual service period. • The effect of changes in discount rates will be reported in either surplus or deficit or other comprehensive income, determined by an accounting policy choice • The presentation of insurance revenue and insurance service expenses in the statement of comprehensive income based on the concept of services provided during the period	1 January 2023

PLATINUM HEALTH MEDICAL SCHEME

NOTES TO THE ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2021 (Continued)

1. ACCOUNTING POLICIES (Continued)

1.2 Changes in accounting policies (Continued)

Standard/Interpretation	Pronouncement	Effective date
IFRS 17 Insurance Contracts	- The effect of changes in discount rates will be reported in either surplus or deficit or other comprehensive income, determined by an accounting policy choice - The presentation of insurance revenue and insurance service expenses in the statement of comprehensive income based on the concept of services provided during the period - Amounts that the policyholder will always receive, regardless of whether an insured event happens (non- distinct investment components) are not presented in the income statement, but are recognised directly on the balance sheet - Insurance services results (earned revenue less incurred claims) are presented separately from the insurance finance income or expense - Extensive disclosures to provide information on the recognised amounts from insurance contracts and the nature and extent of risks arising from these contracts Impact Platinum Health Medical Scheme Group is still in the process of assessing the impact of IFRS 17. The assessment entails how Contractual Service Margin (CSM) will be applied for IFRS 17 purposes and the Board will apply a full retrospective application for estimating CSM. However, at the time of implementation if it is impractical to apply a full retrospective application, Platinum Health Medical Scheme Group may have to adopt a modified retrospective approach of which the objective of this approach would be to achieve the closest outcome to the full retrospective application using reasonable and supportable assumptions. The key feature of the modified retrospective approach would be that there is no requirement to divide the groups of contracts into annual cohorts unless there is supportable information to justify the division. The fair value approach would be the second alternative if the full retrospective approach is impractical to apply, where the CSM is determined as the difference between the fair value of a group of insurance contracts (measured in accordance with IFRS 13) and its fulfilment cash flows at the transition date (which are determined in accordance with IFRS 17). There is no requirement to divide the groups of contracts into annual cohorts.	1 January 2023

PLATINUM HEALTH MEDICAL SCHEME

NOTES TO THE ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2021 (Continued)

1. ACCOUNTING POLICIES (Continued)

1.2 Changes in accounting policies (Continued)

	Key requirements	
Amendments to IAS 8: Definition of Accounting estimates	In February 2021, the IASB issued amendments to IAS 8, in which it introduces a definition of 'accounting estimates'. The amendments clarify the distinction between changes in accounting estimates and changes in accounting policies and the correction of errors. Also, they clarify how entities use measurement techniques and inputs to develop accounting estimates. The amendments are effective for annual reporting periods beginning on or after 1 January 2023 and apply to changes in accounting policies and changes in accounting estimates that occur on or after the start of that period. Earlier application is permitted as long as this fact is disclosed. Impact Platinum Health Medical Scheme will assess the impact of IAS1 amendments to the Schemes accounting policy disclosures when effective.	1 January 2023
Amendments to IAS1 and IFRS Practise Statement 2: Disclosure of Accounting Policies	In February 2021, the IASB issued amendments to IAS 1 and IFRS Practice Statement 2 Making Materiality Judgements, in which it provides guidance and examples to help entities apply materiality judgements to accounting policy disclosures. The amendments aim to help entities provide accounting policy disclosures that are more useful by replacing the requirement for entities to disclose their 'significant' accounting policies with a requirement to disclose their 'material' accounting policies and adding guidance on how entities apply the concept of materiality in making decisions about accounting policy disclosures. The amendments to IAS 1 are applicable for annual periods beginning on or after 1 January 2023 with earlier application permitted. Since the amendments to the Practice Statement 2 provide non-mandatory guidance on the application of the definition of material to accounting policy information, an effective date for these amendments is not necessary. Impact Platinum Health Medical Scheme will assess the impact of IAS1 amendments on the Schemes accounting policy disclosures when effective.	1 January 2023

PLATINUM HEALTH MEDICAL SCHEME

NOTES TO THE ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2021 (Continued)

1. ACCOUNTING POLICIES (Continued)

1.2 Changes in accounting policies (Continued)

Standard/Interpretation	Pronouncement	Effective date
	Key requirements	
Amendments to IFRS 3: Reference to the conceptual framework	In May 2020, the IASB issued Amendments to IFRS 3 Business Combinations - Reference to the Conceptual Framework. The amendments are intended to replace a reference to a previous version of the IASB's Conceptual Framework (the 1989 Framework) with a reference to the current version issued in March 2018 (the Conceptual Framework) without significantly changing its requirements. The amendments add an exception to the recognition principle of IFRS 3 to avoid the issue of potential 'day 2' gains or losses arising for liabilities and contingent liabilities that would be within the scope of IAS 37 Provisions, Contingent Liabilities and Contingent Assets or IFRIC 21 Levies, if incurred separately. The exception requires entities to apply the criteria in IAS 37 or IFRIC 21, respectively, instead of the Conceptual Framework, to determine whether a present obligation exists at the acquisition date. At the same time, the amendments add a new paragraph to IFRS 3 to clarify that contingent assets do not qualify for recognition at the acquisition date Impact Platinum Health Medical Scheme Group will assess the impact of IFRS 3 amendments when effective. The amendments are intended to update a reference to the Conceptual Framework without significantly changing requirements of IFRS 3. The amendments will promote consistency in financial reporting and avoid potential confusion from having more than one version of the Conceptual Framework in use. The amendments must be applied prospectively. Earlier application is permitted if, at the same time or earlier, an entity also applies all of the amendments contained in the Amendments to References to the Conceptual Framework in IFRS Standards (March 2018).	1 January 2022

The Scheme intends to adopt all Standards and Interpretations issued not yet effective on the effective date.

The Scheme have assessed the possible impact of accounting for IFRS 17 as from 1 January 2023 and will apply the Premium Allocation Approach. Since the insurance contracts are similar the Group will have one portfolio of contracts and these contracts are all profitable. The initial recognition for these contracts is 1 January of each year and the contract boundary is a period of 12 months or less. The Scheme reassess the risk of the portfolio within the boundary period to set contributions for each calendar year. The Scheme will evaluate the influence of risk during the coverage period and if it significantly differs over the passage of time such as seasonal expenses. If it differs significantly the insurance revenue will then be allocated accordingly to coincide with the expected timing of incurred insurance expense. The Scheme is currently calculating the initial recognition value of the liability for remaining coverage and is also keeping record of the current and prior year trends of expenses to ensure proper accounting during the 2023 financial year.

PLATINUM HEALTH MEDICAL SCHEME

NOTES TO THE ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2021 (Continued)

1. ACCOUNTING POLICIES (Continued)

1.2 Changes in accounting policies (Continued)

The Conceptual Framework for Financial Reporting

Effective immediately for the IASB and the IFRS IC. For preparers who develop accounting policies based on the Conceptual Framework, it is effective for annual periods beginning on or after 1 January 2021

Purpose

The revised Conceptual Framework for Financial Reporting (the Conceptual Framework) is not a standard, and none of the concepts override those in any standard or any requirements in a standard. The purpose of the Conceptual Framework is to assist the IAS Board in developing standards, to help preparers develop consistent accounting policies if there is no applicable standard in place and to assist all parties to understand and interpret the standards.

Key provisions

The IASB issued the Conceptual Framework in March 2018. It sets out a comprehensive set of concepts for financial reporting, standard setting, guidance for preparers in developing consistent accounting policies and assistance to others in their efforts to understand and interpret the standards. The Conceptual Framework includes some new concepts, provides updated definitions and recognition criteria for assets and liabilities and clarifies some important concepts. It is arranged in eight chapters, as follows:

- Chapter 1 – The objective of financial reporting
- Chapter 2 – Qualitative characteristics of useful financial information
- Chapter 3 – Financial statements and the reporting entity
- Chapter 4 – The elements of financial statements
- Chapter 5 – Recognition and derecognition
- Chapter 6 – Measurement
- Chapter 7 – Presentation and disclosure
- Chapter 8 – Concepts of capital and capital maintenance

The Conceptual Framework is accompanied by a Basis for Conclusions. The Board has also issued a separate accompanying document, Amendments to References to the Conceptual Framework in IFRS Standards, which sets out the amendments to affected standards in order to update references to the Conceptual Framework. In most cases, the standard references are updated to refer to the Conceptual Framework. There are exemptions in developing accounting policies for regulatory account balances for two standards, namely, IFRS 3 and for those applying IAS 8.

Impact

The adoption of the Conceptual Framework had no effect on the application of IFRS in situations where no standard applies to a particular transaction or event.

Impact of standards issued on or from 1 January 2021 and adopted by the Scheme

The Scheme did not adopt any standards or interpretations other than the Conceptual Framework for Financial Reporting.

PLATINUM HEALTH MEDICAL SCHEME

NOTES TO THE ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2021 (Continued)

1. ACCOUNTING POLICIES (Continued)

1.3 Significant accounting judgements, estimates and assumptions

The preparation of the Scheme's annual financial statements require management to make judgements, estimates and assumptions that affect the reported amounts of revenues, expenses, assets, and liabilities, and the disclosure of contingent liabilities, at the reporting date. However, uncertainty about these assumptions and estimates could result in outcomes that could require a material adjustment to the carrying amount of the asset or liability in the future. Please refer to note 32 regarding the implication of COVID-19 on the Scheme.

Judgements

In the process of applying the Scheme's accounting policies, management have not made any judgements which will have a significant effect on the amounts recognised in the annual financial statements.

Estimates and assumptions

The key assumptions concerning the future and other key sources of estimation uncertainty at the reporting date, that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year are as follows:

Expected impairment of insurance receivables

The process of identifying expected credit losses in insurance receivables balances is the result of a process of estimating which debtors, based on actual events and evidence at year end, will not be able to meet their obligations in the future. Portfolio expected credit losses are only made after the specific expected credit loss has been made and overriding economic conditions indicate that the debtors balance as a whole might be an expected credit loss after the specific provision.

Expected credit losses of trade and other receivables

The process of identifying expected credit losses (ECL) in trade and other receivables balances is the result of a process of assessment of historical credit loss experience and forecast economic conditions at every reporting date. The assessment of the correlation between historical observed default rates, forecast economic conditions and ECLs is a significant estimate. The amount of ECLs is sensitive to changes in circumstances and of forecast economic conditions. The Scheme's historical credit loss experience and forecast of economic conditions may also not be representative of customer's actual default in the future.

Outstanding claims

Estimates and assumptions are used in deriving the value of the claims provision. Please refer to note 1.4 Provisions

1.4 Provisions

Provisions are recognised when the Scheme has a present obligation (legal or constructive) as a result of a past event, it is probable that an outflow of economic benefits will be required to settle the obligation and a reliable estimate can be made of the obligation. The amount recognised as a provision shall be the best estimate of the expenditure required to settle the present obligation at the end of the reporting period.

Where the Scheme expects some or all of a provision to be reimbursed the reimbursement is recognised as a separate asset but only when the reimbursement is virtually certain. The expense relating to any provision is presented in the statement of comprehensive income net of any reimbursement.

If the effect of the time value of money is material, provisions are discounted using a current pre-tax rate that reflects current market assessments of the time value of money and, where appropriate, the risks specific to the liability. Where discounting is used, the increase in the provision due to the passage of time is recognised as a finance cost.

PLATINUM HEALTH MEDICAL SCHEME

NOTES TO THE ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2021 (Continued)

1. ACCOUNTING POLICIES (Continued)

1.5 Outstanding claims provision

Outstanding claims comprise provisions for the Scheme's estimate of the ultimate cost of settling all claims incurred but not yet reported at the reporting date and related external claims handling expenses.

Claims outstanding are determined as accurately as possible based on a number of factors, which include previous experience in claims patterns, claims settlement patterns, changes in the nature and number of members according to gender and age, trends in claims frequency, changes in the claims processing cycle, and variations in the nature and average cost incurred per claim. These factors give rise to estimation uncertainty in the determination of the provision.

Estimated co-payments are deducted in calculating the outstanding claims provision.

The Scheme does not discount its provision for outstanding claims, since the effect of the time value of money is not considered material.

1.6 Contributions

Contributions on member insurance contracts are accounted for monthly when their collection in terms of the insurance contract is reasonably certain. The earned portion of net contributions received is recognised as revenue. Net contributions are earned from the date of attachment of risk, over the indemnity period on a straight-line basis. Gross contributions are shown before the deduction of broker service fees and other similar costs.

1.7 Claims

Gross claims incurred comprise the total estimated cost of all claims arising from healthcare events that have occurred in the year and for which the Scheme is responsible, whether or not reported by the end of the year.

Net claims incurred comprise:

- claims submitted and accrued for services rendered during the year, net of recoveries from members for co-payments and after taking into account recoveries from third parties;
- claims for services rendered during the previous year not included in the outstanding claims provision for that year, net of recoveries from members for co-payments;
- claims settled in terms of risk transfer arrangements;
- charges for managed health care: healthcare services (excluding risk transfer arrangements); and
- services rendered to members from the Scheme's own facilities.

Anticipated recoveries under risk transfer arrangements are disclosed separately as assets and are assessed in a manner similar to the assessment of the outstanding claims provision, and claims reported not yet paid.

PLATINUM HEALTH MEDICAL SCHEME

NOTES TO THE ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2021 (Continued)

1. ACCOUNTING POLICIES (Continued)

1.8 Risk transfer arrangements

Risk transfer premiums are recognised as an expense over the indemnity period on a straight-line basis. If applicable, a portion of risk transfer premiums is treated as prepayments.

Risk transfer claims and benefits reimbursed are presented in surplus or deficit in the statement of comprehensive income.

Only contracts that give rise to a significant transfer of insurance risk are accounted for as insurance. Amounts recoverable under such contracts are recognised in the same year as the related claim. Claim recoveries under the risk transfer arrangement are determined by reports received from the service providers with all services rendered during the period.

Assets relating to risk transfer arrangements include balances due under risk transfer arrangements for outstanding claims provisions and claims reported not yet paid.

Amounts recoverable under risk transfer arrangements are estimated in a manner consistent with the outstanding claims provisions, claims reported not yet paid and settled claims associated with the risk transfer arrangement.

Amounts recoverable under risk transfer arrangements are assessed for impairment at each reporting date. Such assets are deemed impaired if there is objective evidence, as a result of an event that occurred after its initial recognition, that the Scheme may not recover all amounts due and that the event has a reliably measurable impact on the amounts that the Scheme will receive under the risk transfer arrangement.

1.9 Insurance contracts

Contracts under which the Scheme accepts significant insurance risk from another party (the member) by agreeing to compensate the member or other beneficiary if a specified uncertain future event (the insured event) adversely affects the member or other beneficiary are classified as insurance contracts. The contracts issued compensate the Scheme's members for healthcare expenses incurred.

1.10 Liabilities and related assets under liability adequacy test

The liability for insurance contracts is tested for adequacy by discounting current estimates of all future contractual cash flows, including related cash flows such as claims handling costs, and comparing this amount to the carrying value of the liability net of any related assets (i.e. the value of business acquired). Where a shortfall is identified, an additional provision is made, and the Scheme recognises the deficiency in surplus or deficit for the year.

1.11 Own facility

The revenue is measured at the fair value of the consideration received or receivable and represents amounts receivable for services provided in the normal course of business to third parties, net of discounts. This revenue consists of recovery of salary and management expenses, at a mark-up, rendered to employer companies for services rendered at their properties on their behalf to run occupational health facilities, emergency medical services and employee assistance programmes. Revenue further consists of capitation fees charged to third parties for rendering occupational health services and emergency medical services from own facilities. Revenue also consists of pharmaceutical sales at an in-house pharmacy on a participating employer site. The surplus or deficit on own facilities represents this income less the cost incurred in operating these facilities for third parties. Benefits relating to services rendered by the own facility for the Scheme's members are reflected as part of claims incurred.

PLATINUM HEALTH MEDICAL SCHEME

NOTES TO THE ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2021 (Continued)

1. ACCOUNTING POLICIES (Continued)

1.12 Financial instruments

Financial assets

Initial recognition

Financial assets within the scope of IFRS 9 are classified as either financial assets at fair value through profit or loss unless restrictive criteria are met for classifying and measuring the asset at either amortised cost or fair value through other comprehensive income, as appropriate. When financial assets are recognised initially, they are measured at fair value which, in the case of investments not at fair value through profit or loss, includes directly attributable transactions costs.

The Scheme considers whether a contract contains an embedded derivative when the entity first becomes a party to it.

The Scheme determines the classification of its financial assets at initial recognition and, where allowed and appropriate, re-evaluates this designation at each financial year end.

The Schemes' financial assets include cash and short-term deposits, trade and other receivables, loans and other receivables, quoted and unquoted financial instruments and derivative financial instruments.

Subsequent measurement

Financial assets at fair value through profit or loss

Financial assets at fair value through surplus or deficit include financial assets designated upon initial recognition as at fair value through profit or loss as it is managed, and its performance is evaluated on a fair value basis, in accordance with a documented risk management strategy. They are carried in the statement of financial position at fair value with gains and losses recognised in surplus or deficit. Gains and losses exclude interest and dividend income. Gains and losses on derecognition of the financial assets are recognised in profit or loss.

Financial assets at amortised cost

Financial assets at amortised cost are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market. These are trade and other receivables and cash and cash equivalents. After initial measurement financial assets are subsequently carried at amortised cost using the effective interest method less any allowance for impairment. Amortised cost is calculated taking into account any discount or premium on acquisition and includes fees that are an integral part of the effective interest rate and transaction costs. Gains and losses are recognised in profit or loss when the financial assets are derecognised or impaired, as well as through the amortisation process.

Impairment of financial assets

Trade and other receivables

In terms of IFRS 9, the Scheme has adopted the simplified approach to measure the loss allowance for a financial instrument at an amount equal to the lifetime expected credit losses (ECL). Therefore, the Scheme does not track changes in credit risk, but instead recognises a loss allowance based on lifetime ECLs at each reporting date. The Scheme has established a provision matrix that is based on its historical credit loss experience, adjusted for forward-looking factors specific to the debtors and the economic environment.

The Scheme considers a financial asset in default when contractual payments are 90 days past due. However, in certain cases, the Scheme may also consider a financial asset to be in default when internal or external information indicates that the Scheme is unlikely to receive the outstanding contractual amounts in full before taking into account any credit enhancements held by the Scheme.

PLATINUM HEALTH MEDICAL SCHEME

NOTES TO THE ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2021 (Continued)

1. ACCOUNTING POLICIES (Continued)

1.12 Financial instruments (Continued)

Impairment of financial assets (Continued)

Trade and other receivables (Continued)

If there is objective evidence that an impairment loss has been incurred, the amount of the loss is measured as the difference between the assets' carrying amount and the present value of estimated future cash flows (excluding future expected credit losses that have not yet been incurred). The present value of the estimated future cash flows is discounted at the financial assets original effective interest rate. If a loan has a variable interest rate the discount rate for measuring any impairment loss is the current effective interest rate.

The carrying amount of the asset is reduced through the use of an impairment account and the amount of the loss is recognised in surplus or deficit. For credit-impaired assets (carrying amount less ECL), the interest income is recorded as part of investment income in surplus or deficit. Loans together with the associated allowance are written off when there is no realistic prospect of future recovery and all collateral has been realised or has been transferred to the Scheme. If, in a subsequent year, the amount of the estimated impairment loss increases or decreases because of an event occurring after the impairment was recognised, the previously recognised impairment loss is increased or reduced by adjusting the allowance account. This is however limited to the extent that the increased carrying amount does not exceed the carrying amount that would have been determined had no impairment loss been recognised for the advance in prior years. A financial asset is written off when there is no reasonable expectation of recovering the contractual cash flows. If a write-off is later recovered, the recovery is credited in surplus or deficit.

Insurance receivables

The Scheme assesses at each reporting date whether there is any objective evidence that a financial asset or a group of financial assets is impaired. A financial asset or a group of financial assets is deemed to be impaired if, there is objective evidence of impairment as a result of one or more events that has occurred after the initial recognition of the asset (an incurred 'loss event') and that loss event has an impact on the estimated future cash flows of the financial asset or a group of financial assets that can be reliably estimated. Evidence of impairment may include indications that the debtors or a group of debtors is experiencing significant financial difficulty, default or delinquency in interest or principal payments, the probability that they will enter bankruptcy or other financial reorganisation and where observable data indicate that there is a measurable decrease in the estimated future cash flows, such as changes in arrears or economic conditions that correlate with defaults.

If there is objective evidence that an impairment loss has been incurred, the amount of the loss is measured as the difference between the assets' carrying amount and the present value of estimated future cash flows (excluding future expected credit losses that have not yet been incurred). The present value of the estimated future cash flows is discounted at the financial assets original effective interest rate. If a loan has a variable interest rate the discount rate for measuring any impairment loss is the current effective interest rate.

The carrying amount of the asset is reduced through the use of an impairment account and the amount of the loss is recognised in surplus or deficit. Interest income continues to be accrued on the reduced carrying amount and is accrued using the rate of interest used to discount the future cash flows for the purpose of measuring the impairment loss. The interest income is recorded as part of investment income in surplus or deficit. Loans together with the associated allowance are written off when there is no realistic prospect of future recovery and all collateral has been realised or has been transferred to the Scheme. If, in a subsequent year, the amount of the estimated impairment loss increases or decreases because of an event occurring after the impairment was recognised, the previously recognised impairment loss is increased or reduced by adjusting the allowance account. A financial asset is written off when there is no reasonable expectation of recovering the contractual cash flows. If a write-off is later recovered, the recovery is credited in surplus or deficit.

PLATINUM HEALTH MEDICAL SCHEME

NOTES TO THE ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2021 (Continued)

1. ACCOUNTING POLICIES (Continued)

1.12 Financial instruments (Continued)

De-recognition of financial assets

A financial asset (or, where applicable a part of a financial asset or part of a group of similar financial assets) is derecognised when:

- The rights to receive cash flows from the asset have expired
- The Scheme has transferred its rights to receive cash flows from the asset or has assumed an obligation to pay the received cash flows in full without material delay to a third party under a 'pass-through' arrangement; and either (a) the Scheme has transferred substantially all the risks and rewards of the asset, or (b) the Scheme has neither transferred nor retained substantially all the risks and rewards of the asset, but has transferred control of the asset.

When the Scheme has transferred its rights to receive cash flows from an asset or has entered into a pass-through arrangement and has neither transferred nor retained substantially all of the risks and rewards of the asset nor transferred control of the asset, the asset is recognised to the extent of the Scheme's continuing involvement in the asset.

In that case, the Scheme also recognises an associated liability. The transferred asset and the associated liability are measured on a basis that reflects the rights and obligations that the Scheme has retained.

Financial liabilities

Initial recognition and measurement

Financial liabilities within the scope of IFRS 9 are classified as financial liabilities held at fair value through profit or loss.

All financial liabilities are recognised initially at fair value.

The Scheme's financial liabilities include trade and other payables.

Derecognition

A financial liability is derecognised when the obligation under the liability is discharged, cancelled or expires.

When an existing financial liability is replaced by another liability from the same lender on substantially different terms, or the terms of an existing liability are substantially modified, such an exchange or modification is treated as a derecognition of the original liability and the recognition of a new liability, and the difference in the respective carrying amounts is recognised in surplus or deficit.

PLATINUM HEALTH MEDICAL SCHEME

NOTES TO THE ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2021 (Continued)

1. ACCOUNTING POLICIES (Continued)

1.12 Financial instruments (Continued)

Fair value of financial instruments

The fair value of an investment is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. For investments where there is no active market, fair value is determined by reference to the last traded price of the share on the entity's OTC market. The traded price is the price that the share was sold in the last arm's length transaction for that specific share. Hence there are no further observable inputs used in the valuation.

Offsetting of financial instruments

Financial assets and financial liabilities are offset, and the net amount reported in the statement of financial position if, and only if, there is a currently enforceable legal right to offset the recognised amounts and there is an intention to settle on a net basis, or to realise the assets and settle the liabilities simultaneously.

1.13 Cash and cash equivalents

Cash and cash equivalents comprise cash at banks and on hand and short-term deposits with an original maturity of three months or less.

For the purpose of the statement of cash flow, cash and cash equivalents consist of cash and cash equivalents, as defined.

1.14 The Road Accident Fund

The Scheme grants assistance to its members in defraying expenditure incurred in connection with rendering of any relevant health services. Such expenditure may be in connection with a claim that is also made to the Road Accident Fund (RAF), administered in terms of the Road Accident Fund Act No. 56 of 1996.

If the member is reimbursed by the RAF, they are obliged contractually to cede that payment to the Scheme to the extent that they have already been compensated.

A reimbursement from the RAF is a possible asset that arises from a claim submitted to the RAF and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain events not wholly within the control of the Scheme.

This contingent asset is assessed continually to ensure that developments are appropriately reflected in the annual financial statements. If it is virtually certain that an inflow of economic benefits will arise, the asset and the related income are recognised in the annual financial statements in the period in which the change occurs. If an inflow of economic benefits has become probable, the Scheme discloses the contingent asset. Amounts received from members in respect of reimbursements from the RAF are recognised as a reduction of net claims incurred.

1.15 Managed healthcare: management services

These expenses represent amounts paid to employees for managing the utilisation, costs and quality of healthcare services to the Scheme.

1.16 Investment income

Investment income comprises of interest income and dividend accrued from investments held at fair value through profit or loss and interest from cash and cash equivalents, as well as net realised / unrealised gains or losses on investments held at fair value through profit or loss.

Interest income is recognised using the effective interest rate method. Dividend income is recognised when the right to receive payment is established.

PLATINUM HEALTH MEDICAL SCHEME

NOTES TO THE ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2021 (Continued)

1. ACCOUNTING POLICIES (Continued)

1.17 Retirement contributions

The Scheme contributes on behalf of its qualifying employees to a defined contribution plan. The employer's contribution is expensed in the statement of comprehensive income when incurred.

1.18 Finance costs

Finance costs on the long-term incentive scheme are recognised as an expense when incurred.

1.19 Allocation of income and expenses to options

The following items are directly allocated to benefit options:

- Contribution income
- Claims incurred
- Net income/(expense) on risk transfer arrangement fees
- Administration fees
- Managed care: management services

The remaining items are apportioned based on the number of members on each option:

- Other administration expenditure
- Investment income
- Other income
- Other expenditure

1.20 Taxation

In terms of section 10 (1) (d) of the Income Tax Act of 1962, as amended, receipts and accruals of a benefit fund are exempt from normal tax. A Medical Scheme is included in the definition of a benefit fund and consequently the Scheme is exempt from income tax. However, the Scheme is subject to VAT on management fees and non-contribution income and expenses.

1.21 Management fees

Management fees comprise management services rendered by the Scheme to related parties (refer to note 27). Management fee income is recognised as income when rendered.

PLATINUM HEALTH MEDICAL SCHEME

NOTES TO THE ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2021 (Continued)

1. ACCOUNTING POLICIES (Continued)

1.22 Long-term incentive scheme

Long-term incentive scheme comprises provisions for incentives calculated based on specific criteria to be met and is payable on certain conditions. Long-term incentive costs are recognised and accounted for over the vesting period (refer to Note 8 of the annual financial statements).

1.23 Property, plant and equipment

Property, plant and equipment are stated at cost, net of accumulated depreciation and/or accumulated impairment losses, if any. Such cost includes the cost of replacing part of the assets. All other repair and maintenance costs are recognised in surplus or deficit as incurred.

Depreciation is calculated on a straight-line basis over the estimated useful life of the asset after taking into consideration the assets' residual values.

• Computer hardware	3 years
• Computer software	2 years
• Motor vehicles	4 years
• Office equipment	5 years
• Furniture and fittings	6 years
• Right-of-use assets	3 to 10 years
• Plant and equipment	5 to 10 years

An asset is derecognised upon disposal, or when no future economic benefits are expected from its use or disposal. Any gain or loss arising on derecognition of the asset (calculated as the difference between the net disposal proceeds and the carrying amount of the asset) is included in the statement of comprehensive income in the year the asset is derecognised.

The assets residual values, useful lives and methods of depreciation are reviewed at each financial year end, and any changes are accounted for as a change in accounting estimate. The Scheme assesses, at each reporting date, whether there is an indication that an asset may be impaired. If any indication exists, or when annual impairment testing for an asset is required, the Scheme estimates the asset's recoverable amount.

1.24 Pharmaceutical inventories

Inventories comprise merchandise and are stated at the lower of cost or net realisable value. Cost comprises direct materials and where applicable, those costs that have been incurred in bringing the inventories to their present location and condition. Cost is calculated using the weighted average method. Net realisable value represents the estimated selling price less all estimated costs to be incurred in respect of selling and distribution.

PLATINUM HEALTH MEDICAL SCHEME

NOTES TO THE ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2021 (Continued)

1. ACCOUNTING POLICIES (Continued)

1.25 Leases

Leases right-of-use assets

At inception of a contract, the Scheme assesses whether a contract is, or contains, a lease. A contract is, or contains, a lease if the contract conveys the right to control the use of an identified asset for a period of time in exchange for consideration. To assess whether a contract conveys the right to control the use of an identified asset, the Scheme assesses whether:

- the contract involves the use of an identified asset – this may be specified explicitly or implicitly and should be physically distinct or represent substantially all of the capacity of a physically distinct asset. If the supplier has a substantive substitution right, then the asset is not identified;
- the Scheme has the right to obtain substantially all of the economic benefits from use of the asset throughout the period of use; and
- the Scheme has the right to direct the use of the asset. The Scheme has this right when it has the decision-making rights that are most relevant to changing how and for what purpose the asset is used. In rare cases where the decision about how and for what purpose the asset is used is predetermined, the Scheme has the right to direct the use of the asset if either:
 - the Scheme has the right to operate the asset; or
 - the Scheme designed the asset in a way that predetermines how and for what purpose it will be used.

As a lessee

The Scheme recognises a right-of-use asset and a lease liability at the lease commencement date. The right-of-use asset is initially measured at cost, which comprises the initial amount of the lease liability adjusted for any lease payments made at or before the commencement date, plus any initial direct costs incurred and an estimate of costs to dismantle and remove the underlying asset or to restore the underlying asset or the site on which it is located, less any lease incentive received.

The right-of-use asset is subsequently depreciated using the straight-line method from the commencement date to the earlier of the end of the useful life of the right-of-use asset or the end of the lease term. In addition, the right-of-use asset is periodically reduced by impairment losses, if any, and adjusted for certain remeasurements of the lease liability.

The lease liability is initially measured at the present value of the lease payments that are not paid at the commencement date, discounted using the interest rate implicit in the lease or, if that rate cannot be readily determined, the Scheme's incremental borrowing rate. Generally, the Scheme uses its incremental borrowing rate as the discount rate.

Lease payments included in the measurement of the lease liability comprise the following:

- fixed payments, including in-substance fixed payments;
- variable lease payments that depend on an index or a rate, initially measured using the index or rate as at the commencement date;
- amounts expected to be payable under a residual value guarantee; and
- the exercise price under a purchase option that the Group is reasonably certain to exercise, lease payments in an optional renewal period if the Scheme is reasonably certain to exercise an extension option, and penalties for early termination of a lease unless Platinum Health is reasonably certain not to terminate early.

PLATINUM HEALTH MEDICAL SCHEME

NOTES TO THE ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2021 (Continued)

1. ACCOUNTING POLICIES (Continued)

1.25 Leases (Continued)

As a lessee (Continued)

The lease liability is measured at amortised cost using the incremental borrowing interest rate method. It is remeasured when there is a change in future lease payments arising from a change in an index or rate, if there is a change in the Scheme's estimate of the amount expected to be payable under a residual value guarantee, or if the Scheme changes its assessment of whether it will exercise a purchase, extension or termination option.

When the lease liability is remeasured in this way, a corresponding adjustment is made to the carrying amount of the right-of-use asset or is recorded in surplus or deficit if the carrying amount of the right-of-use asset has been reduced to zero.

The Scheme presents right-of-use assets that do not meet the definition of investment property in 'property, plant and equipment' and lease liabilities in 'long-term liabilities' in the statement of financial position.

Short-term leases and leases of low-value assets

The Scheme has elected not to recognise right-of-use assets and lease liabilities for short-term leases of machinery that have a lease term of 12 months or less and leases of low-value assets, including operational equipment. The Scheme recognises the lease payments associated with these leases as an expense on a straight-line basis over the lease term.

1.26 Post-retirement Benefits:

The Scheme contributes on behalf of its qualifying employees to the Old Mutual Superfund. The Scheme contributes on a monthly basis for certain qualifying employees to the employee's pension/provident fund for post-retirement medical scheme costs. This Scheme is governed by the Pension Funds Act, 1956 as amended, and is a defined contribution pension fund. These contributions, paid by the Scheme to fund obligations for the payment of retirement benefits, are charged against surplus or deficit in the year of payment.

PLATINUM HEALTH MEDICAL SCHEME

NOTES TO THE ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2021 (Continued)

2. PROPERTY, PLANT AND EQUIPMENT

	2021			2020		
	Cost R	Accumulated depreciation R	Carrying value R	Cost R	Accumulated depreciation R	Carrying value R
Computer hardware	3 161 773	(2 670 954)	490 819	3 008 129	(2 107 340)	900 789
Computer software	690 960	(326 793)	364 167	310 960	(285 047)	25 913
Plant and equipment	17 469 571	(6 947 431)	10 522 140	13 268 062	(5 068 329)	8 199 733
Office equipment	98 127	(58 541)	39 586	70 765	(39 372)	31 393
Furniture and fittings	88 955	(23 232)	65 723	38 900	(16 749)	22 151
Right-of-use assets	73 224 644	(22 897 016)	50 327 628	68 348 579	(14 539 230)	53 809 349
Motor vehicles	4 668 053	(4 037 110)	630 943	4 278 083	(3 645 874)	632 209
	99 402 083	(36 961 077)	62 441 006	89 323 478	(25 701 941)	63 621 537

Reconciliation of carrying value of Property, plant and equipment

	Carrying value at beginning of year R	Additions R	Disposals R	Depreciation R	Carrying value at end of year R
2021					
Computer hardware	900 789	153 644	—	(563 614)	490 819
Computer software	25 913	380 000	—	(41 746)	364 167
Plant and equipment	8 199 733	4 201 509	—	(1 879 102)	10 522 140
Office equipment	31 393	27 362	—	(19 169)	39 586
Furniture and fittings	22 151	50 055	—	(6 483)	65 723
Right-of-use assets	53 809 349	4 876 065	—	(8 357 786)	50 327 628
Motor vehicles	632 209	389 970	—	(391 236)	630 943
	63 621 537	10 078 605	—	(11 259 136)	62 441 006

2020

Computer hardware	839 832	660 254	—	(599 297)	900 789
Computer software	181 393	—	—	(155 480)	25 913
Plant and equipment	9 056 300	445 090	—	(1 301 657)	8 199 733
Office equipment	45 546	—	—	(14 153)	31 393
Furniture and fittings	28 635	—	—	(6 484)	22 151
Right-of-use assets	61 577 498	2 051 975	(2 030 466)	(7 789 658)	53 809 349
Motor vehicles	974 699	—	—	(342 490)	632 209
	72 703 903	3 157 319	(2 030 466)	(10 209 219)	63 621 537

PLATINUM HEALTH MEDICAL SCHEME

NOTES TO THE ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2021 (Continued)

3. INVESTMENT IN SUBSIDIARY

2021
R

2020
R

RA Gilbert Proprietary Limited (100% shareholding) **3 319 346** **3 319 346**

The Scheme purchased all issued shares in RA Gilbert Proprietary Limited from Platmed Proprietary Limited at net asset value as at 31 December 2019. The actual registration and transfer of the shares took place on 1 June 2020 and control was transferred at that date. The purchase amount was paid during June 2020.

RA Gilbert Proprietary Limited is a company owning pharmacies who mainly supply pharmaceutical services to the Scheme and member employer companies. The main purpose of the acquisition is to ensure that services rendered to the members of the Scheme is done on the most cost-effective basis to the benefit of the members.

There is no goodwill attached to the acquisition since RA Gilbert Proprietary Limited mainly exist because of sales to the Scheme and no contingent asset or liability is created as no conditions were attached to the sale and purchase of RA Gilbert Proprietary Limited.

At 1 June 2020

R

Consideration

Cash	3 319 346
Total consideration transferred	3 319 346

Recognised amounts of identifiable assets acquired, and liabilities assumed

Financial assets	30 437 611
Cash on hand	6 308 165
Trade and other receivables	23 696 285
Taxation receivable	433 161
Inventory	16 097 546
Property, plant and equipment	105 694
Other non-current assets	1 835 200
Financial liabilities	(40 457 526)
Trade and other payables	(35 950 200)
Accrual leave bonuses	(1 556 943)
Provision incentive bonuses	(1 891 641)
Provision bad debts	(1 058 742)
Bargain purchase gain	(4 699 179)
Total identifiable net assets	3 319 346

All assets acquired and liabilities assumed are recognised at fair value and no provision for impairment of the assets or liabilities are made.

As at the acquisition date RA Gilbert sold medication and protective personal equipment in advance mainly to the new shareholder. This was due to the Covid-19 pandemic and the Scheme issued chronic medication in advance and procured protective personal equipment in bulk as well as procuring medication in bulk due to the possible limited supply during the height of the pandemic. This resulted in an inflated profit of R4 699 179 stated under other income in the statement of financial position of the consolidated statements. For the rest of the year this profit was reduced because of operational cost incurred with lower sales volumes because of the unprecedented purchases in the first part of the year.

The Scheme are not aware of new information about the facts and circumstances that existed at the date of the acquisition, or any additional provisions that existed at the date of the acquisition, that require a revision of the accounting for the acquisition.

PLATINUM HEALTH MEDICAL SCHEME

NOTES TO THE ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2021 (Continued)

4. PHARMACEUTICAL INVENTORIES

	2021 R	2020 R
Pharmaceutical inventories	8 527 874	325 691

No provision for obsolete inventories has been raised for the years ended 31 December 2021 and 31 December 2020. Inventories are regularly checked for expiry and is written off monthly and disposed of as per legal requirements through a registered disposal company.

5. TRADE AND OTHER RECEIVABLES

Insurance receivables

Contributions outstanding	3 528 337	3 077 245
Less: Allowance for impairment losses	(142 342)	(585 379)
– Allowance for impairment losses at beginning of year	(585 379)	(1 234 627)
– Increase in allowance for the year (Note 16)	443 037	649 248
– Utilised	443 037	2 018 669
– Raised	–	(1 369 421)
	3 385 995	2 491 866

Non-insurance receivables

	55 123 813	35 535 155
Trade and discount receivables	54 205 157	32 414 139
Deposits	1 273 085	1 439 217
Accrued interest on bank balances	592 388	860 938
Prepayments	31 985	968 681
Share of other risk transfer arrangements for outstanding claims	955 122	884 631
Less: Allowance for impairment losses	(1 933 924)	(1 032 451)
– Allowance for impairment losses at beginning of year	(1 032 451)	–
– Increase in allowance for the year (Note 16)	(901 473)	(1 032 451)
– Utilised	(80 054)	–
– Raised	(821 419)	(1 032 451)
	58 509 808	38 027 021

At 31 December 2021 and 2020 the carrying amounts of trade and other receivables approximate their fair values due to the short-term maturities of these assets.

Contributions outstanding are non-interest bearing, unsecured and are repayable within three days after month end.

The focus of debtors' impairment is on self-paying members and not members where their contributions are paid by the employers on their behalf. The Scheme is confident of receiving all contributions paid by the relevant pay points.

The outstanding balances on self-paying debtors are individually assessed to determine if the debtor's balances are fully recoverable.

The trade and discount debtors and deposits are receivable based on the contractual terms agreed upon with the counterparty. Accrued interest on bank balances is receivable within one month following the month in which it has accrued.

PLATINUM HEALTH MEDICAL SCHEME

NOTES TO THE ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2021 (Continued)

6. INVESTMENTS HELD AT FAIR VALUE THROUGH PROFIT OR LOSS	2021 R	2020 R
Designated upon initial recognition		
Fair value at the beginning of the year	348 474 475	347 470 488
Asset management fee (Note 22)	(2 413 073)	(2 100 735)
Cost incurred in maintaining the investment	(29 059)	(34 109)
Investment income re-invested before cost incurred in maintaining the investment	24 142 263	25 233 914
Realised gain on disposal of investments (Note 18)	371 877	29 629
Fair value adjustment (Include equities, bills, bonds and debentures and cash and deposits)	37 062 575	(22 124 712)
Fair value at the end of the year	407 609 058	348 474 475
The investments are classified as follows:		
Bills, bonds and debentures	236 050 985	168 636 497
Equity	157 482 453	121 689 934
Cash and deposits	14 075 620	58 148 044
Fair value at the end of the year	407 609 058	348 474 475

Investments are managed on a fair value basis hence the investments have been designated at initial recognition at fair value through profit or loss. The Scheme has invested in an Allan Gray portfolio. This portfolio is a pool of funds and Allan Gray is to invest the funds based on the Council for Medical Schemes guidelines and the Medical Schemes Act. If conditions are not met, rectification is required within 7 days. The investments are earning interest and dividends at varying rates.

The weighted rate of return on the Allan Gray portfolio was 16.05% (2020: 0.91%).

The fair values of these investments in listed bonds and equities are based on their market value. A register of investments is available for inspection at the registered office of the Scheme.

Fair values of financial assets by hierarchy level

Assets measured at fair value

2021	Level 1 R'000	Level 2 R'000	Level 3 R'000	Reclassification R'000
Financial assets at fair value through profit or loss				
– Bonds	–	236 050 985	–	–
– Equity	157 482 453	–	–	–
– Cash and deposits	14 075 620	–	–	–
Total	171 558 073	236 050 985	–	–

PLATINUM HEALTH MEDICAL SCHEME

NOTES TO THE ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2021 (Continued)

6. INVESTMENTS HELD AT FAIR VALUE THROUGH PROFIT OR LOSS (Continued)

Fair values of financial assets by hierarchy level (Continued)

Assets measured at fair value

All bonds are categorised under level 2. These bond instruments, while valued on quoted prices, are not actively traded sufficiently to be categorised as level 1.

The Scheme recognises transfers between levels of the fair value hierarchy as at the end of the reporting period during which the change has occurred.

	<i>Level 1</i>	<i>Level 2</i>	<i>Level 3</i>	<i>Reclassification</i>
	<i>R'000</i>	<i>R'000</i>	<i>R'000</i>	<i>R'000</i>
2020				
– Bonds	–	168 636 497	–	–
– Equity	121 689 934	–	–	–
– Cash and deposits	58 148 044	–	–	–
Total	179 837 978	168 636 497	–	–

The definitions of the level categorisation are as follows:

Level 1: Based on quoted prices in active markets for identical assets or liabilities

Level 2: Based on inputs, other than stated above, that is market observable for the asset or liability - directly (as prices) or indirectly (derived from prices)

Level 3: The inputs are not based on the observable market data.

7. CASH AND CASH EQUIVALENTS

	2021	2020
	R	R
Call accounts	424 197 650	384 372 027
Current accounts	8 415 011	16 978 423
Petty cash	22 780	14 446
Cash and cash equivalents as per statement of cash flows	432 635 441	401 364 896

The call accounts are available on demand.

Cash at banks earn interest at floating rates based on daily rates. Short term investments are made for varying periods of between one day and three months and earn interest at respective short-term deposit rates.

The weighted average effective interest rate on call accounts was 3.27% (2020: 4.03%) and on current accounts was 0.23% (2020: 1.29%).

At 31 December 2021 and 2020, the carrying amounts of cash and cash equivalents approximate their fair values due to the short-term maturities of these assets.

PLATINUM HEALTH MEDICAL SCHEME

NOTES TO THE ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2021 (Continued)

8. LONG TERM LIABILITIES

	2021 R	2020 R
8.1 Lease Liability		
Balance at the beginning of the year	50 390 376	55 415 232
Add back amount payable within one year for prior year provision	12 990 336	11 622 793
Additions to lease liability	4 876 065	2 051 975
Termination of lease (no penalties charged)	—	(2 398 828)
Interest for the year (Note 20)	8 514 559	8 434 813
Paid during the year	(13 045 036)	(11 745 274)
Payable within 1 year (Note 9)	(13 904 720)	(12 990 336)
Balance at end of the year	49 821 580	50 390 375

The maturity analysis of the lease liability is as follows:

Within one year classified under current liabilities	13 904 720	12 990 336
Two to five years	60 358 481	56 236 161
More than five years	24 259 794	36 728 899
Total future payments	84 618 275	92 965 060

The lease liability only consists of leases of buildings and does not include leases of low-value assets and leases of short term. The costs incurred for leases of low-value assets and leases of short-term nature are carried under Own facility surplus and disclosed in Note 19.

Refer to note 2 for the carrying value of right-of-use asset.

The following are the amounts recognised in surplus or deficit:

– Depreciation expenses of right-of-use asset (Note 2)	8 357 786	7 789 658
– Interest expenses on lease liabilities (Note 20)	8 514 559	8 434 813
– Expenses related to low value assets (Note 19)	444 762	298 474
– Expenses related to short term leases (Note 19)	2 463 491	2 734 680
Total amount recognised in surplus or deficit	19 780 598	19 257 625

8.2 Long-term incentives

Provision for long-term incentive scheme (LTIS)		
Balance at beginning of the year	13 890 209	19 741 174
Provided during the year	20 632 142	16 586 755
Payable within 1 year (Note 9)	(9 401 269)	(22 437 720)
Balance at end of the year	25 121 082	13 890 209

The long-term incentive scheme (LTIS) is a retention benefit payable to qualifying employees who are employed by the Scheme when the benefits vest. Each annual LTIS allocation provision amount will be retained for a period of 3 years, where after it will become payable to qualifying participants. The calculation of the LTIS is based on the short-term incentive bonus (Note 9) and is influenced by a sliding scale applicable to the grading level of each qualifying participant. The unrecognised portion of LTIS which has not yet vested amounts to:

PLATINUM HEALTH MEDICAL SCHEME

NOTES TO THE ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2021 (Continued)

8. LONG TERM LIABILITIES (Continued)

8.2 Long-term incentives (Continued)

	2021 R	2020 R
2019 portion not yet recognised	–	3 057 083
2020 portion not yet recognised	8 263 861	15 552 084
2021 portion not yet recognised	17 186 720	–
Total amount not yet recognised	25 450 581	18 609 167
Total long-term liabilities	74 942 662	64 280 584

9. TRADE AND OTHER PAYABLES

Insurance payables

	39 054 798	18 434 979
Unallocated deposits: Employer group	4 237 310	3 574 386
: Pensioners' contributions received in advance	2 949 314	2 059 378
Reported claims not yet paid	30 913 052	11 916 584
– Balance at the beginning of the year	11 916 584	2 216 806
– Claimed during the year (Note 13)	1 149 287 900	905 887 637
– Paid during the year	(1 130 291 432)	(896 187 859)
Accrual for outstanding claims under other risk transfer arrangements	955 122	884 631

Non-insurance liabilities

	136 980 971	124 876 758
Other payables and accrued expenses	22 820 948	18 890 400
Payroll creditors	469 847	800 082
Short term incentive bonus liability	52 424 039	46 934 225
Long-term incentive bonus liability payable within one year (Note 8)	9 401 269	22 437 720
Lease liability right-of-use assets payable within one year (Note 8)	13 904 720	12 990 336
South African Revenue Services – VAT	1 405 473	1 437 927
Payment received in advance under capitation fee services	9 665 240	4 392 095
RA Gilbert Proprietary Limited	26 723 889	16 042 698
Platmed Proprietary Limited	165 546	943 340
Rustenburg Platinum Mines Limited	–	7 935
Total trade and other payables	176 035 769	143 311 737

The carrying amounts of trade and other payables approximate their fair values due to the short-term maturities of these liabilities. The amounts owed are interest free, unsecured and the terms of repayment are 30 days from invoice date.

The short-term incentive is payable to all employees and is based on the combined overall performance of Platinum Health Medical Scheme and RA Gilbert Proprietary Limited. The three main drivers for the incentive calculation are the combined profit or loss, cost per beneficiary and customer satisfaction. The calculation is based on the employee's pensionable salary scale as a percentage of the eligible bonus payable and influenced by the employee's personal performance rating obtained for the year.

PLATINUM HEALTH MEDICAL SCHEME

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2021 (Continued)**

	Covered by risk transfer arrangements R	Not covered by risk transfer arrangements R
10. OUTSTANDING CLAIMS PROVISION		
2021		
Provision for outstanding claims		
– Incurred but not yet reported	955 122	66 964 878
Analysis of movements in outstanding claims		
Balance at beginning of year	884 631	44 515 369
Payments in respect of prior year	884 631	34 141 161
Over provision in prior year	–	10 374 208
Adjustment for current year	955 122	56 590 670
Balance at end of year	955 122	66 964 878
Analysis of outstanding claims provision		
Estimated gross claims	955 122	66 964 878
	955 122	66 964 878
Net exposure in respect of outstanding claims		
Gross outstanding claims	955 122	66 964 878
Net outstanding claims	955 122	66 964 878
2020		
Provision for outstanding claims		
– Incurred but not yet reported	884 631	44 515 369
Analysis of movements in outstanding claims		
Balance at beginning of year	–	49 400 000
Payments in respect of prior year	–	45 352 902
Over provision in prior year	–	4 047 098
Adjustment for current year	884 631	40 468 271
Balance at end of year	884 631	44 515 369
Analysis of outstanding claims provision		
Estimated gross claims	884 631	44 515 369
	884 631	44 515 369
Net exposure in respect of outstanding claims		
Gross outstanding claims	884 631	44 515 369
Net outstanding claims	884 631	44 515 369

PLATINUM HEALTH MEDICAL SCHEME

NOTES TO THE ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2021 (Continued)

10. OUTSTANDING CLAIMS PROVISION (Continued)

Process used to determine the assumptions

The process used to determine the assumptions is intended to result in neutral estimates of the most likely or expected outcome. The sources of data used as inputs for the assumptions are internal, using detailed studies of past events, e.g. claims payment history, abnormal claims and case management statistics that are carried out annually. There is more emphasis on current trends, and where in early years there is insufficient information to make a reliable best estimate of claims development, prudent assumptions are used.

Each notified claim is assessed on a separate, case by case basis with due regard to the claim circumstances, information available from managed care: management services and historical evidence of the size of similar claims. The provisions are based on information currently available. However, the ultimate liabilities may vary as a result of subsequent developments. The impact of many of the items affecting the ultimate costs of the loss is difficult to estimate.

The provision estimation difficulties also differ by category of claims (i.e. in-hospital, chronic and above threshold benefits) due to differences in the underlying insurance contract claim complexity, the volume of claims, the individual severity of claims, determining the occurrence date of a claim, and reporting lags.

The cost of outstanding claims is estimated using a range of statistical methods. Such methods extrapolate the development of paid and incurred claims, average cost per claims and ultimate claim numbers for each benefit year based upon observed development of earlier years and expected loss ratios.

Run-off triangles are used in situations where it takes time after the treatment date until the full extent of the claims to be paid is known. It is assumed that payments will emerge in a similar way in each service month.

The proportional increase in the known cumulative payments from one development month to the next can then be used to calculate payments for future development months.

The actual method or blend of methods used varies according to benefit year being considered, categories of claims and observed historical claims development. To the extent that these methods use historical claims development information they assume that the historical claims development pattern will occur again in the future. There are reasons why this may not be the case, which, insofar as they can be identified, have been allowed for by modifying the methods.

- Changes in processes that affect the development / recording of claims paid and incurred;
- Economic, legal, political and social trends (resulting in different than expected levels of inflation and/or minimum medical benefits to be provided);
- Changes in composition of members and their dependents; and
- Random fluctuations, including the impact of large losses.

Assumptions

The assumptions that have the greatest effect on the measurement of the outstanding claims provision are the expected claims ratios for the most recent benefit years for the in-hospital, chronic and above threshold categories of claims. These are used for assessing the outstanding claims provision for the 2021 and 2020 benefit years. The expected claims ratio assumed for the benefit years 2021 and 2020 is 36% & 35% for in-hospital, 21% & 20% for chronic 9% & 8% for above threshold benefits. The percentage calculated is the actual year to date cost per category as a percentage of the actual year to date of all healthcare expenses.

PLATINUM HEALTH MEDICAL SCHEME

NOTES TO THE ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2021 (Continued)

10. OUTSTANDING CLAIMS PROVISION (Continued)

Changes in assumptions and sensitivities to changes in key variables

The table below outlines the sensitivity of insured liability estimates for reasonable possible movements in assumptions used in the estimation process. It should be noted that this is a deterministic approach with no correlations between the key variables.

Where variables are considered to be immaterial, no impact has been assessed for insignificant changes to these variables. Particular variables may not be considered material at present. However, should the materiality level of an individual variable change, assessment of and reasonable changes to that variable in the future may be required.

The Scheme believes that the liabilities for claims reported in the statement of financial position are adequate. The sensitivity of the liability is limited, as it comprises 95.81% (2020: 86.76%) of actual 2021 claims processed from January 2022 to March 2022 which relate to 2021 claims processed in 2022. Therefore, the remaining balance has variables considered to be immaterial and no impact has been assessed for significant changes to these variables. However, should the materiality level of an individual variable change, assessment of and reasonable changes to that variable in the future may be required.

	<i>Change in variable</i>	<i>Change in liability</i> 2021	2020
	%	R	R
In-hospital benefits: 36% (2020: 35%)	1	4 681 132	3 662 824
Specialist costs: 12% (2020: 13%)	1	1 509 157	1 241 013
Pharmaceutical and Chronic medicine costs: 21% (2020: 20%)	1	2 673 071	2 218 912
Clinical Pathology: 9% (2020: 8%)	1	1 156 153	825 804
Average claims for the Scheme	1	1 370 527	1 041 439
Manual claims (transactions) as a % of total claims (transactions)	1	5.88%	5.06%

This analysis is prepared for a change in a specified variable with other assumptions remaining constant. The change in liability also represents the absolute change in surplus for the year. It should be noted that increases in liabilities will result in decreases in surplus and vice versa. These reasonable possible changes in key variables do not result in any changes directly in reserves.

	Leave pay R	Holiday leave allowance R	Total R
11. LEAVE ACCRUAL			
2021			
Balance at the beginning of the year	13 046 571	3 526 306	16 572 877
Net accumulated during the year	167 019	104 708	271 727
Balance at the end of the year	13 213 590	3 631 014	16 844 604
2020			
Balance at the beginning of the year	12 042 625	3 041 315	15 083 940
Net (utilised) / accumulated during the year	1 003 946	484 991	1 488 937
Balance at the end of the year	13 046 571	3 526 306	16 572 877

PLATINUM HEALTH MEDICAL SCHEME

NOTES TO THE ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2021 (Continued)

11. LEAVE ACCRUAL (Continued)

Leave pay

The leave pay accrual represents accumulated leave days that all the employees have due to them at the end of the financial year, applied to the basic rate of pay relating to each respective employee. Leave pay is payable with encashment, retrenchment, retirement or resignation, and the accrual is reduced whenever leave is taken by an employee.

Holiday leave allowance

Holiday leave allowance (HLA) represents the accumulated leave bonus that all the employees have due to them at the end of the financial year. HLA is measured on the basis of one month's salary. Payments are made on request of employees during the year and any outstanding balances are paid out in the anniversary month of the employee.

	2021 R	2020 R
12. GROSS CONTRIBUTION INCOME		
Gross contributions	<u>1 610 141 924</u>	<u>1 469 049 960</u>

PLATINUM HEALTH MEDICAL SCHEME

NOTES TO THE ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2021 (Continued)

	2021 R	2020 R
13. NET CLAIMS INCURRED		
Claims incurred, excluding claims incurred in respect of risk transfer arrangements		
Current year claims	1 149 287 900	905 887 637
Services provided to members in own facilities (Note 19)	324 934 385	279 629 947
Accredited managed care – healthcare services	447 093	428 660
Movement in outstanding claims provision	66 964 878	44 515 369
– Over provision in prior year	10 374 208	4 047 098
– Adjustment for current year	56 590 670	40 468 271
	1 541 634 256	1 230 461 613
Claims incurred in respect of risk transfer arrangements		
Current year claims incurred in respect of risk transfer arrangements	7 630 541	6 331 962
Movement in outstanding claims provision		
– Adjustment for current year (Note 9)	955 122	884 631
	8 585 663	7 216 593
Third party claims recovery (Road Accident Fund)	(339 987)	(651 271)
Net claims incurred	1 549 879 932	1 237 026 935
14. NET LOSS ON RISK TRANSFER ARRANGEMENTS		
Rustenburg Specialists	2 875 801	3 348 626
Premiums paid to Rustenburg Specialists	11 461 464	10 565 219
Less: Rustenburg Specialists services at Scheme rates (claims figures received directly from service provider)	(8 585 663)	(7 216 593)
Loss on risk transfer arrangements	2 875 801	3 348 626

The Scheme has entered into fixed fee contracts with the majority of specialists in Rustenburg for the rendering of specialist health services to its members.

The services are based on negotiated fixed monthly payments to the specialist and an adjustment of fees is negotiated if there is a substantial increase in members (up more than 10% growth from date of signing the contract). The services rendered to members are billed at Platinum Health Medical Scheme rates and the difference between the services provided at the rates and the fixed amount paid is the risk transfer surplus or deficit.

PLATINUM HEALTH MEDICAL SCHEME

NOTES TO THE ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2021(Continued)

	2021 R	2020 R
15. MANAGED CARE: MANAGEMENT SERVICES		
External		
Knowledge Objects – Clinical audits	–	696 722
Medikredit – Pharmaceutical protocols, formularies and hospital audits	2 918 764	3 443 501
	2 918 764	4 140 223
Internal		
Development, implementation and management of agreements with provider networks and providers	4 005 921	3 768 135
Claims management services	1 144 549	1 076 610
Disease management	1 144 549	1 076 610
HIV management	572 274	538 305
Disease/prescribed minimum benefit	572 274	538 305
Managed hospital care	1 144 549	1 076 610
Contracted network primary health care and specialist services	572 274	538 305
Oncology utilisation management	1 144 549	1 076 610
Psychiatric and phycology benefit management	228 910	215 322
Radiology management services	572 274	538 305
Service provider negotiations and management	228 910	215 322
Optical management	114 455	107 661
	11 445 488	10 766 100
Total Managed Care – Management Services	14 364 252	14 906 323

The allocation of internal management services cost is determined based on the estimated time spent on managing each expense type.

16. NET IMPAIRMENT LOSSES ON HEALTHCARE RECEIVABLES

Contributions not collectable		
Movement in provision (Note 3)	(458 436)	(383 203)
Impairment loss recognised directly to statement of comprehensive income	(362 983)	(2 018 669)
	(821 419)	(2 401 872)

Impairment loss recognized of R362 983 is for trade receivables that could not be recovered in the current year.

The impairment amount of R2 076 266 is the provision of the credit impairment for insurance debtors R142 342 and trade and other receivables R1 933 924 for the 2021 financial year.

The increase in the impairment losses in 2021 is a direct result of medical scheme administration not being able to recover long outstanding invoices from trade and other receivable debtors in the financial year.

PLATINUM HEALTH MEDICAL SCHEME

NOTES TO THE ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2021 (Continued)

17. ADMINISTRATION EXPENSES	2021 R	2020 R
Scheme		
Accommodation	2 569 404	3 032 927
Administration salaries	55 411 628	60 175 373
Advertising marketing and promotions costs	3 285 595	4 665 011
Audit fees (Note 19 and Note 21)	3 701 345	3 785 204
Bank charges	788 966	649 463
Computer costs	4 576 253	4 055 378
Cleaning services	1 361	–
Clothing	349 924	–
Consultant fees	3 712 915	2 023 280
Corporate gifts	708 837	–
Depreciation	976 693	2 123 569
Entertainment	1 060 751	962 366
Fidelity guarantee insurance premium	4 463 416	3 761 014
Foodstuff	74 677	37 688
Insurance premiums: Other	996 100	845 695
Legal expenses	1 416 167	1 695 184
Maintenance expenses	75 969	–
Management fees	1 422	63 278
Motor vehicle expenses and fuel cost	2 431 586	2 712 182
Principal Officer's fees and remuneration	2 721 062	2 544 638
Record storage	49 681	7 345
Recruitment cost	407 127	177 527
Registrar's levies	2 290 349	1 993 245
Rental offices	103 095	85 204
Security services	7 884	418 137
Small assets written off	714 257	868 889
Stationery and printing	1 588 948	1 180 991
Subscriptions	181 488	122 192
Sundry revenue	–	(143 641)
Telephone and postage	952 564	914 562
Transport costs	31 578	895
Water and electricity	251 221	239 017
Total	95 902 263	98 996 613

INVESTMENT INCOME

18.		
Investment income received (financial assets at fair value through profit or loss)	24 514 140	25 119 902
– Interest on investments at fair value	18 754 366	16 923 886
– Dividends	5 387 897	8 166 387
– Realised gain on disposal of investments (Note 6)	371 877	29 629
Interest on bank accounts (loans and receivables)	11 027 011	10 542 755
	35 541 151	35 662 657

PLATINUM HEALTH MEDICAL SCHEME

NOTES TO THE ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2021 (Continued)

19. OWN FACILITY SURPLUS	2021		2020	
	Members R	External Parties R	Members R	External Parties R
Income from the use of own facilities	643 925 305	156 027 545	299 524 444	108 279 582
– By members (Note 13) *	324 934 385	–	279 629 947	–
– By Members Levies received	3 841 266	–	3 277 177	–
– By members Pharmacy	315 149 654	–	16 617 320	–
– By external parties Employee assistance programme	–	4 358 025	–	4 460 969
– By external parties Capitation fee income	–	151 669 520	–	103 818 613
Less: Costs incurred in the provision of own facilities to members and external parties	(643 925 305)	(119 285 955)	(299 524 444)	(100 987 923)
– Salaries and wages	(254 520 925)	(80 448 730)	(180 263 190)	(69 200 060)
– Accommodation	(1 490 753)	(180 431)	(658 543)	(27 459)
– Advertising marketing and promotions costs	(210 602)	(11 980)	(41 510)	(8 326)
– Audit fees (Note 21)	–	(319 030)	–	(304 168)
– Bank charges	–	–	(22 234)	–
– Cleaning services	(8 787 103)	(1 550 838)	(5 964 938)	(2 387 979)
– Computer costs	(22 188 913)	(7 546 812)	(24 784 720)	(4 131 248)
– Clothing	(2 184 371)	(55 558)	(1 577 784)	(100 283)
– Consultant fees	(162 265)	(133 556)	–	(182 400)
– Consumables	(4 508 133)	(89 326)	(2 810 155)	(731 557)
– Depreciation**	(10 028 336)	(108 986)	(8 038 137)	(47 513)
– Emergency medical services at capitation fee facilities	–	(14 920 871)	–	(14 722 802)
– Entertainment	(276 931)	(25 760)	(113 784)	–
– Foodstuffs	(1 036 838)	(57 200)	(1 272 346)	(10 282)
– Insurance cost	–	–	–	–
– Interest paid on lease liability right-of-use assets** (Note 20)	(8 101 762)	–	(7 019 278)	–
– Legal expenses	(4 025)	–	(23 135)	–
– Maintenance and repairs	(6 479 853)	(271 373)	(4 615 137)	(524 596)
– Management fees	(91 427)	(29 351)	(261 492)	(41 906)
– Medical waste removal	(968 197)	(267 947)	(283 588)	(7 867)
– Motor vehicle expenses and fuel cost	(3 909 793)	(1 878 274)	(2 878 510)	(1 040 431)
– Pharmaceutical and other medical related expenses***	(31 705 490)	(7 788 582)	(35 600 178)	(4 241 147)
– Pharmacy expenses incurred	(268 553 875)	–	(13 700 382)	–
– Record storages	(81 342)	–	(73 898)	–
– Recruitment costs	(442 201)	(138 060)	(626 524)	(97 526)
– Rental of equipment***	(14 249)	(2 465 021)	–	(2 742 443)
– Rental offices**	(1 298 428)	–	(1 286 276)	–
– Security services	(2 944 825)	–	(2 392 363)	–
– Small assets written off	(3 542 087)	(319 128)	(1 228 075)	(190 291)
– Stationery and printing	(2 621 372)	(98 072)	(1 501 084)	(128 076)
– Subscriptions	(298 518)	(62 990)	(305 626)	(26 981)
– Telephone and postage	(1 363 055)	(108 445)	(1 179 155)	(92 924)
– Training	(444 772)	(83 399)	(361 259)	(97 139)
– Transportation cost	(327 705)	(31 464)	(254 690)	(120 535)
– Water and electricity	(7 617 284)	–	(6 078 224)	(289 909)
– Other revenue / (expenses)	2 280 125	(294 771)	5 691 771	507 925
Surplus	–	36 741 590	–	7 291 659

PLATINUM HEALTH MEDICAL SCHEME

NOTES TO THE ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2021 (Continued)

19. OWN FACILITY SURPLUS (Continued)

The Scheme provides healthcare services to its members and external parties from leased facilities. The Scheme further provides occupational health services and emergency medical services to external parties on a capitation fee basis. These facilities include consulting rooms, dental facilities, optometry facilities, X-ray and occupational health services facilities situated at various locations in the service areas.

- (*) The Scheme's salary costs and other costs incurred for providing these services from our facilities to its members is shown under relevant healthcare expenditure (refer Note 13). The salary cost and other costs incurred to provide services to external parties are shown as expense from external parties.
- (**) The Scheme applied IFRS 16 and the result is an increase in depreciation and interest paid on lease liability to the amount of R8 153 799 (2020: R6 474 642) and R8 101 762 (2020: R7 019 278) respectively and a subsequent reduction in rental paid for offices of R13 045 036 (2020: R11 745 274). This amount is the VAT exclusive amount as IFRS 16 excludes VAT from the calculation of the right of use asset and lease liability.
- (***) The Scheme opted not to classify low value asset leases and short-term leases under lease liabilities and the amounts are expensed as follows:

	2021 R	2020 R
– Low value assets	444 762	298 474
– Short term leases	<u>2 463 491</u>	<u>2 734 680</u>
Total	<u>2 908 253</u>	<u>3 033 154</u>

PLATINUM HEALTH MEDICAL SCHEME

NOTES TO THE ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2021 (Continued)

	2021 R	2020 R
20. FINANCE COSTS		
Interest accrued		
– Long-Term Incentive Scheme interest accrued	1 466 812	1 784 644
– Lease liability (classified under administrative expenses)	412 797	1 415 535
– Total interest accrued lease liability (Note 8.1)	8 514 559	8 434 813
– Lease liability transferred to own facility surplus (Note 19)	(8 101 762)	(7 019 278)
Total interest accrued	1 879 609	3 200 179
21. AUDITORS' REMUNERATION		
External audit fees	2 258 212	2 381 747
Internal audit fee	1 762 163	1 707 625
Total audit fees paid	4 020 375	4 089 372
22. ASSET MANAGEMENT FEES		
Asset management fees paid to Allan Gray (Note 6)	2 413 073	2 100 735

Fees are payable as per agreement with Allan Gray, based on the investment amounts.

PLATINUM HEALTH MEDICAL SCHEME

NOTES TO THE ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2021 (Continued)

23. CASH FLOWS FROM OPERATIONS	2020 R	2019 R
Reconciliation of net surplus for the year to cash generated by operations		
Surplus for the year	51 731 730	129 307 681
Adjustments for:		
– Investment income (Note 18 and Note 6)	(24 514 140)	(25 119 902)
– Investment income shown under sundry revenue	–	(143 641)
– Cost incurred in maintaining investment (Note 6)	29 059	34 109
– Management fee paid to investment managers (Note 6)	2 413 073	2 100 735
– Movement in impairment losses (Note 16)	821 419	2 401 872
– Movement in leave accrual (Note 11)	271 727	1 488 937
– Movement in long-term liabilities (Note 8.2)	11 230 873	(5 850 965)
– Movement in claims provisions (Note 10)	22 520 000	(4 000 000)
– Depreciation (Note 2)	11 259 136	10 209 219
– Interest paid lease liability (Note 8.1)	8 514 559	8 434 813
– Gain on termination of lease	–	(368 362)
– Profit on disposal of assets	(140 404)	(10 620)
– Net (gains) / loss on revaluation of investments held at fair value through profit or loss (Note 6)	(37 062 575)	22 124 712
Surplus before working capital changes	47 074 457	140 608 588
Working capital changes	2 303 259	68 951 901
– (Increase) / decrease in trade and other receivables	(21 304 206)	11 095 824
– (Increase) / decrease in inventories	(8 202 183)	27 055
– Increase in trade and other payables	31 809 648	57 829 022
Cash generated by operations	49 377 716	209 560 489

24. FINANCIAL RISK MANAGEMENT

The Scheme's activities expose it to a variety of financial risks, including the effects of changes in the equity market price, interest rates and liquidity risk. The Scheme's overall risk management programme focuses on the unpredictability of financial markets and seeks to minimise potentially adverse effects on the financial performance of the investments that the Scheme holds to meet its obligations to its members.

Risk management and investment decisions are carried out by the Investment Committee, under the guidance and policies approved by the Board of Trustees.

PLATINUM HEALTH MEDICAL SCHEME

NOTES TO THE ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2021 (Continued)

24. FINANCIAL RISK MANAGEMENT (Continued)

The Scheme's risk management policies are established to identify and analyse the risks faced by the Scheme, to set appropriate risk limits and controls, and to monitor risks and adherence to limits. Risk management policies and systems are reviewed regularly to reflect changes in market conditions and the Scheme's activities. The Scheme, through its training and management standards and procedures, aims to develop a disciplined and constructive control environment in which all employees understand their roles and obligations.

The Scheme's Audit Committee oversees how management monitors compliance with the Scheme's risk management policies and procedures and reviews the adequacy of the risk management framework in relation to the risks faced by the Scheme. The Scheme's Audit Committee is assisted in its oversight role by Internal Audit. Internal Audit undertakes both regular and ad-hoc reviews of risk management controls and procedures, the results of which are reported to the Audit Committee.

Credit risk

The Scheme limits its exposure to credit risk by only investing in liquid securities and only with high credit quality financial institutions. The Scheme has a policy of limiting the amount of credit exposure to any one financial institution. Given these high credit ratings, management does not expect any financial institution to fail to meet its obligations.

Credit risk is the risk of financial loss to the Scheme if a customer or counterparty to a financial instrument fails to meet its contractual obligations. The Scheme's principal financial assets are cash and cash equivalents, trade and other receivables and investments. The Scheme's credit risk is primarily attributable to its trade and other receivables.

The credit quality of financial assets that are neither past due nor impaired can be assessed by historical information about counterparty default rates.

Trade and other receivables

Counterparties without external credit rating include:

Contribution debtors

On analysing the credit quality of contribution debtors fully performing, the Scheme effectively collected 99% of these amounts in January 2022. This indicates a high quality relating to these debtors. Consequently, no additional disclosure of the credit quality is provided.

Other debtors

On analysing the credit quality of other debtors, the Scheme is likely to collect 100% of these amounts over the agreed periods in 2022. Consequently, no additional disclosure of the credit quality is provided.

Exposure to credit risk

The carrying amount of financial assets that is past due but not impaired amounts to R5 529 420 (2020: R5 794 127) and impaired amounts to 2 076 266 (2020: R1 617 830).

PLATINUM HEALTH MEDICAL SCHEME

NOTES TO THE ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2021 (Continued)

24. FINANCIAL RISK MANAGEMENT (Continued)

Credit risk (Continued)

Exposure to credit risk (Continued)

The maximum exposure to credit risk at the reporting date was:

	Non – financial instruments R	Fully performing R	Past due but not impaired R	Total financial instruments R
2021				
Insurance receivables				
– Current	–	1 841 137	–	1 841 137
– 30 days	–	–	579 168	579 168
– 60 days	–	–	768 646	768 646
– 90 days	–	–	143 150	143 150
– 120 days	–	–	53 894	53 894
Other risk transfer arrangements				
– Share of outstanding claims provision	–	955 122	–	955 122
Accrued interest on investments	–	592 388	–	592 388
Other receivables	31 985	49 559 756	3 984 562	53 544 318
Cash and cash equivalents	–	432 635 441	–	432 635 441
Investments	–	407 609 058	–	407 609 058
Total	31 985	893 192 902	5 529 420	898 722 322
2020				
Insurance receivables				
– Current	–	1 583 774	–	1 583 774
– 30 days	–	–	908 092	908 092
– 60 days	–	–	–	–
– 90 days	–	–	–	–
– 120 days	–	–	–	–
Other risk transfer arrangements				
– Share of outstanding claims provision	–	884 631	–	884 631
Accrued interest on investments	–	860 938	–	860 938
Other receivables	968 681	27 934 870	4 886 035	32 820 905
Cash and cash equivalents	–	401 364 896	–	401 364 896
Investments	–	348 474 475	–	348 474 475
Total	968 681	781 103 584	5 794 127	786 897 711

Insurance and other receivables outstanding were impaired by R2 076 266 (2020: R1 617 830).

Refer to note 6 for comprehensive reconciliation of impairment amount.

PLATINUM HEALTH MEDICAL SCHEME
NOTES TO THE ANNUAL FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2021 (Continued)

24. FINANCIAL RISK MANAGEMENT (Continued)

Credit risk (Continued)

Instrument analysis

Asset class	Top 5 Holdings	Ratings (long term)	% of Portfolio
2020			
Cash (As a percentage of the Scheme's cash portfolio)	First Rand Bank	BBB- (zaf)	42.16
	Standard Bank	BBB- (zaf)	2.71
	Nedbank	BBB- (zaf)	1.02
	Investec	BBB- (zaf)	54.03
	Absa	BBB- (zaf)	0.00
	African Bank	—	0.00
	SAFEX	—	0.08
Equity (As a percentage of the Allan Gray investment portfolio)	Anglo Gold Ashanti		1.61
	British American Tobacco	Baa2	3.25
	Glencore	Baa1	3.44
	Woolworths		1.60
	Nedbank Group		1.58
2019			
Cash (As a percentage of the Scheme's cash portfolio)	First Rand Bank	BBB- (zaf)	33.12
	Standard Bank	BBB- (zaf)	5.28
	Nedbank	BBB- (zaf)	2.12
	Investec	BBB- (zaf)	57.51
	Absa	BBB- (zaf)	1.85
	African Bank	—	0.00
	SAFEX	—	0.11
Equity (As a percentage of the Allan Gray investment portfolio)	Naspers	Baa3	3.38
	British American Tobacco	Baa2	3.41
	Glencore	Baa1	3.08
	Multi Choice		1.29
	Standard Bank	Ba1	1.59

Qualitative disclosures

Financial investments

Cash and cash equivalents

Credit risks are contained by adhering to the Medical Schemes Act 131 of 1998, as amended, by not investing more than 35% of aggregate fair value of total assets of the Scheme in large banks and 10% of total assets of the Scheme in smaller banks. Platinum Health did adhere. The above percentages disclosed are a percentage of the total cash and not total assets. The net qualifying capital and reserves are monitored on a monthly basis to determine the split between large and small banks.

PLATINUM HEALTH MEDICAL SCHEME

NOTES TO THE ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2021 (Continued)

24. FINANCIAL RISK MANAGEMENT (Continued)

Credit risk (Continued)

Qualitative disclosures (Continued)

Financial investments (Continued)

Investments

Funds are invested at various institutions after taking the following criteria into account:

- The Scheme's mandate requirements;
- Regulations as per the Medical Schemes Act 131 of 1998, as amended;
- Credit ratings of the various institutions; and
- Interest rates offered by the institutions.

Trade and other receivables

The amounts presented in the statement of financial position for trade and other receivables are net of allowances for impaired receivables. The Scheme establishes an allowance for impairment that represents its estimate of expected losses in respect of trade and other receivables. The main components of this allowance are a specific loss component that relates to individually significant exposures. This allowance is made where there is an identified loss event which, based on previous experience is evidence of a reduction in the recoverability of the cash flows.

Trade and other receivables consist of contributions outstanding, recoveries from members for co-payments and provider debt.

1. *Contributions outstanding*

Outstanding contributions arise due to:

- Addition of dependants
- Income band changes
- Non-payment for new members
- Change in contribution rates

The above is managed by applying the Scheme's Credit Control Policy. Membership is either suspended or terminated for outstanding contributions.

The application thereof assists in managing the Scheme's financial risk. The procedure as set out in the policy is communicated to both the member and payroll departments prior to suspension or termination of membership.

There are no variances in application of policy from the previous years.

2. *Recoveries from members for co-payments*

The debt may arise due to the following:

- Co-payments not recovered before the services are rendered
- Dispensing of chronic medication to members outside the area via courier

The above is managed by applying the Group Credit Control Policy. Dispensing of medication and rendering of further services are suspended until outstanding co-payments are fully recovered. The application thereof assists in that the Group's financial risk is managed. The outstanding co-payments are followed up and members are informed that services will not be rendered until full co-payments are settled.

There are no variances in application of policy from the previous years.

PLATINUM HEALTH MEDICAL SCHEME

NOTES TO THE ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2021 (Continued)

24. FINANCIAL RISK MANAGEMENT (Continued)

Credit risk (Continued)

Qualitative disclosures (Continued)

Financial investments (Continued)

3. *Provider debt*

The debt may arise due to the following:

- Reversals done incorrectly
- Paying the healthcare professional directly instead of the member
- Overpayment of claims
- Members returning appliances i.e. hearing aids, spectacles etc.
- Non-dispensing of scripts
- Claims erroneously submitted by healthcare professional (member did not consult doctor)
- Healthcare professional claiming on incorrect membership number or incorrect dependant
- Duplicated claim
- Claim paid on incorrect practice number
- Incorrect chargeable codes paid
- Claim paid for treatment after membership terminated

The above is managed by applying the Scheme's Credit Control Policy.

Liquidity risk

Liquidity risk is the risk that the Scheme will not be able to meet its financial obligations as they fall due. The Scheme's approach to managing liquidity is to ensure, as far as possible, that it will always have sufficient cash resources to meet its liabilities when due, under both normal and stressed conditions, without incurring unacceptable losses or risking damage to the Scheme's reputation.

Prudent liquidity risk management implies maintaining sufficient cash and marketable securities. The availability of funding through liquid holding cash positions with various financial institutions ensures that the Scheme has the ability to fund its day-to-day operations.

The Scheme has not complied with certain requirements regarding the nature and categories of assets as prescribed by Section 35 in Regulation 30 of the Medical Schemes Act 131 of 1998 as amended. (Please refer to Note 30)

The Scheme ensures that it has sufficient cash on demand to meet expected operational expenses for a period of 60 days, including the servicing of financial obligations; this excludes the potential impact of extreme circumstances that cannot reasonably be predicted, such as natural disasters.

The table below analyses the financial assets and liabilities of the Scheme into relevant maturity groupings based on the remaining period at reporting date to contractual maturity date.

PLATINUM HEALTH MEDICAL SCHEME

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2021 (Continued)

24. FINANCIAL RISK MANAGEMENT (Continued)

Liquidity risk (Continued)

As at 31 December 2021	Up to 1 month R	2 – 3 months R	4 – 12 months R	1 – 5 years R	Over 5 years R	Total R
ASSETS						
Assets	893 192 902	1 347 814	4 181 606	–	–	898 722 322
Trade and other receivables	52 948 403	1 347 814	4 181 606	–	–	58 477 823
Investments held at fair value through profit or loss	407 609 058*	–	–	–	–	407 609 058*
Cash and cash equivalents	432 635 441	–	–	–	–	432 635 441
Total assets	893 192 902	1 347 814	4 181 606	–	–	898 722 322
LIABILITIES						
Liabilities	164 699 235	14 622 490	39 658 613	60 358 481	24 259 794	303 598 613
Trade and other payables	143 873 714	–	7 186 624	–	–	151 060 338
Outstanding claims provision	20 825 521	14 622 490	32 471 989	–	–	67 920 000
Lease liabilities	–	–	–	60 358 481	24 259 794	84 618 275
Total liabilities	164 699 235	14 622 490	39 658 613	60 358 481	24 259 794	303 598 613
As at 31 December 2020						
ASSETS						
Assets	781 103 584	908 092	4 886 035	–	–	786 897 711
Trade and other receivables	31 264 213	908 092	4 886 035	–	–	37 058 340
Investments held at fair value through profit or loss	348 474 475*	–	–	–	–	348 474 475*
Cash and cash equivalents	401 364 896	–	–	–	–	401 364 896
Total assets	781 103 584	908 092	4 886 035	–	–	786 897 711
LIABILITIES						
Liabilities	144 398 984	8 328 762	17 163 633	56 236 161	36 728 899	262 856 439
Trade and other payables	118 857 615	–	5 633 764	–	–	124 491 379
Outstanding claims provision	25 541 369	8 328 762	11 529 869	–	–	45 400 000
Lease liabilities	–	–	–	56 236 161	36 728 899	92 965 060
Total liabilities	144 398 984	8 328 762	17 163 633	56 236 161	36 728 899	262 856 439

PLATINUM HEALTH MEDICAL SCHEME

NOTES TO THE ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2021 (Continued)

24. FINANCIAL RISK MANAGEMENT (Continued)

Liquidity risk (Continued)

* The investment in Allan Gray is classified as current as it can be disposed of immediately without maturing restrictions. The Scheme have performed the aging of the underlying assets that make up the investment below.

	Up to 1 month R	2 – 3 months R	4 – 12 months R	1 – 5 years R	Over 5 years R	Total R
As at 31 December 2021						
Investments held at fair value through profit or loss	8 588 044	6 459 772	12 184 697	380 376 546	–	407 609 058
As at 31 December 2020						
Investments held at fair value through profit or loss	22 444 335	23 500 530	33 702 707	268 826 905	–	348 474 475

Market risk

Investments

Market risk is defined by IFRS 7 as “the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices”. Market risk comprises three types of risks: currency risk, interest rate risk and other price risk.

Market risk is the risk that changes in market prices, such as interest rates and equity investment prices, will affect the Scheme's income or the value of its holdings of financial instruments. The objective of market risk management is to manage and control market risk exposures within acceptable parameters, while optimising the return on investment. The Scheme has an asset manager and an investment advisor who manages their funds in order to manage market risk.

Although trade and other receivables are an asset class, none of the market risks affect trade or contribution debtors, as they are non-interest bearing and not foreign exchange related.

Currency risk

Foreign currency risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in foreign exchange rates.

All the Scheme's assets are rand-denominated and therefore the Scheme does not have any currency risk.

PLATINUM HEALTH MEDICAL SCHEME

NOTES TO THE ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2021 (Continued)

24. FINANCIAL RISK MANAGEMENT (Continued)

Interest rate risk

Interest rate risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market interest rates. The Scheme's exposure to the risk of changes in market interest rates relates primarily to the Scheme's long-term debt obligations with floating interest rates.

The Scheme's investment policy during the year under review included holding investments in interest bearing instruments and there were no changes in the way it manages its risks on cash. The Scheme's investments were therefore exposed to changes in the market interest rates. The objective of the Scheme is to optimise its return on cash and to limit its exposure to losses. This risk is managed by maintaining an appropriate mix between fixed and floating rate deposits within the market.

Returns on interest-bearing instruments increased during the current year due to higher interest rates.

Interest rate sensitivity

	Increase/decrease in interest rate	Effect on surplus for the year R
2021		
Call accounts	1%	4 241 976
Short term investments	1%	2 501 266
Current accounts	1%	84 150
2020		
Call accounts	1%	3 843 720
Short term investments	1%	2 267 845
Current accounts	1%	169 784

The table above summarises the Scheme's exposure to interest rate risk. The sensitivity calculation calculates the impact on surplus for the year if the interest rate increases/decreases by the variable stated.

Sensitivity analysis - All interest-bearing instruments

Basis

The sensitivity analysis determines different levels of the closing market value as compared to the actual closing market value based on different levels of the investment performance. For 2022 it is expected that the interest rate will have an upward trend of 1% (2020: 1% downward) to control inflation and that the income generation on financial instruments will increase. A 1% movement suggests the closing market value could have been R411 685 149 if the investment performance had been higher by 1% during 2021 as compared to the market investment performance.

A one percent decrease in the investment return at the reporting date would have decreased the income by R297 814 (2020: 274 666); an equal change in the opposite direction would have increased income by R297 814 (2020: 274 666).

PLATINUM HEALTH MEDICAL SCHEME

NOTES TO THE ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2021 (Continued)

24. FINANCIAL RISK MANAGEMENT (Continued)

Interest rate risk (Continued)

Investments

Allocation

Asset managers	Mandate	Investment vehicle	R	%
2021				
Platinum Health Medical Scheme	Liquidity/cash *		432 635 441	51.49
Allan Gray	Medical Scheme Portfolio	Pooled	407 609 058	48.51
2020				
Platinum Health Medical Scheme	Liquidity/cash *		401 364 896	53.53
Allan Gray	Medical Scheme Portfolio	Pooled	348 474 475	46.47

* Includes the current account and call account.

Price risk

The Scheme's listed and unlisted equity securities are susceptible to market price risk arising from uncertainties about future values of the investment securities.

All the Scheme's equity investments within the Allan Gray Life Domestic Stable Portfolio are listed on the Johannesburg Stock Exchange. The Scheme is therefore exposed to changes in the market price. The Scheme's investment administrator actively manages these risks to optimise return and to limit exposure to unacceptable risks or losses.

Sensitivity analysis - Equity

Basis

The sensitivity analysis determines different levels of the closing market value as compared to the actual closing market value based on different levels of the investment performance. For 2022 it is expected that the markets will recover the COVID-19 pandemic effects and that a 5% increase in market value could be experienced compared to the radical market growth as experienced during 2021. The increase expected is 5% and it suggests the closing market value could have been R165 356 576 if the investment performance had been higher by 5% during 2021 as compared to the market investment performance.

It is expected that dividends will increase during 2022 and thus a 2% increase is expected. A 2% (2021 2%) change in the investment return at the reporting date would have increased surplus or deficit by R107 758 (2020: R163 328); an equal change in the opposite direction would have decreased income by R107 758 (2020: R163 328).

PLATINUM HEALTH MEDICAL SCHEME

NOTES TO THE ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2021 (Continued)

24. FINANCIAL RISK MANAGEMENT (Continued)

Sensitivity analysis - Equity (Continued)

Investment risk and investment return

The Scheme's investment philosophy is capital preservation above maximum return requirements. Seeking higher investment returns is typically associated with taking additional risk through exposure to asset classes such as equities and bonds where the capital is at risk. Additional investment risk is typically associated with higher variability in asset prices. Also, the extent to which actual investment returns may differ from expected returns is greater. Fair values are calculated with reference to quoted market prices.

Analysis of carrying amounts of financial assets and financial liabilities per category

	Financial assets at fair value through profit or loss Designated upon initial recognition R	Financial assets at amortised cost R	Financial liabilities at amortised cost R	Total carrying amount R	Fair value amount R
2021					
Investments	407 609 058	–	–	407 609 058	407 609 058
Cash and cash equivalents	–	432 635 441	–	432 635 441	432 635 441
Trade and other receivables	–	58 477 823	–	58 477 823	58 477 823
Outstanding claims provision	–	–	(67 920 000)	(67 920 000)	(67 920 000)
Trade and other payables	–	–	(151 060 338)	(151 060 338)	(151 060 338)
	407 609 058	491 113 264	(218 980 338)	679 741 984	679 741 984
2020					
Investments	348 474 475	–	–	348 474 475	348 474 475
Cash and cash equivalents	–	401 364 896	–	401 364 896	401 364 896
Trade and other receivables	–	37 058 340	–	37 058 340	37 058 340
Outstanding claims provision	–	–	(45 400 000)	(45 400 000)	(45 400 000)
Trade and other payables	–	–	(124 491 379)	(124 491 379)	(124 491 379)
	318 474 475	438 423 236	(169 891 379)	617 006 332	617 006 332

PLATINUM HEALTH MEDICAL SCHEME

NOTES TO THE ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2021 (Continued)

25. FUND ADEQUACY

Fund adequacy risk is the risk that there may be insufficient reserves to provide for adverse variations on actual and future claims experience.

The Scheme considers its investment (Investments: R408m) and cash assets (Trade and other receivables: R55m Cash and cash equivalents: R433m) as capital and has adequate policies and controls in place to manage its capital to obtain maximum return on its capital with an acceptable risk related to the investments.

The Scheme's objective is to manage its capital in such a way that sufficient funds are available to pay claims, both in the current and future years and there were no changes in the way the Scheme manages its capital. This is achieved whilst keeping annual contribution increase to members as low as possible, or at least in line with the employer salary increases. Claims expenditure is managed by means of changes in benefit design and other managed care interventions to maintain a positive claim ratio.

Returns on investments are utilised to fund possible deficits that might occur as a result of operational and/or healthcare losses.

	2021	2020
Solvency margin	39%	40%

The required minimum set by the Council for Medical Schemes is 25% of gross contributions from members.

26. POST RETIREMENT BENEFITS

The Scheme contributes on behalf of its qualifying employees to the Old Mutual Superfund. The Scheme contributes on a monthly basis for certain qualifying employees to the employee's pension/provident fund for post-retirement medical scheme costs. This Scheme is governed by the Pension Funds Act, 1956 as amended, and is a defined contribution pension fund. These contributions, paid by the Scheme to fund obligations for the payment of retirement benefits, are charged against surplus or deficit in the year of payment.

	2021 R	2020 R
Total expense for the year	87 550	95 967
Expense relating to key management personnel	—	932

27. RELATED PARTY TRANSACTIONS

(a) Parties with significant impact over the Scheme

The employer of a large number of the members, Anglo American Platinum Ltd and its subsidiaries and associates, do not control the Scheme, however they do have a significant impact on Platinum Health Medical Scheme by virtue of appointing three of the fourteen trustees.

PLATINUM HEALTH MEDICAL SCHEME

NOTES TO THE ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2021 (Continued)

27. RELATED PARTY TRANSACTIONS (Continued)	2021 R	2020 R
(a) Parties with significant impact over the Scheme (Continued)		
<i>Statement of comprehensive income</i>		
RA Gilbert Proprietary Limited (Note 31)	(651 942)	(147 192 827)
– Management fee paid to Platinum Health Medical Scheme	313 044	4 010 797
– Medicine costs paid by Platinum Health Medical Scheme	(964 986)	(151 203 624)
Rustenburg Platinum Mines Limited	(266 111)	(584 058)
– Venue and catering services rendered to Platinum Health Medical Scheme	(143 911)	(217 383)
– Management fee paid by Platinum Health Medical Scheme	(122 200)	(366 675)
Anglo American Platinum Limited		
– Contribution subsidy paid on behalf of employees	321 757 203	347 697 864
<i>Statement of financial position</i>		
Platmed Proprietary Limited	(165 546)	(943 340)
– Overhead costs paid (on behalf of) / by Platinum Health Medical Scheme	(165 546)	(943 340)
R A Gilbert Proprietary Limited		
– Medicines purchased on behalf of Platinum Health Medical Scheme	(26 723 889)	(16 042 698)
Rustenburg Platinum Mines Limited		
– Management fee paid to Platinum Health Medical Scheme	–	(7 935)

The agreement between the Scheme and R A Gilbert Proprietary Limited is that the Scheme will administer its business on its behalf at an agreed fee.

PLATINUM HEALTH MEDICAL SCHEME

NOTES TO THE ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2021 (Continued)

27. RELATED PARTY TRANSACTIONS (Continued)

(a) Parties with significant impact over the Scheme (Continued)

The agreement between R A Gilbert Proprietary Limited and the Scheme is that R A Gilbert Proprietary Limited will supply medicines to the Scheme members on an agreed tariff and mark-up.

(b) Key management personnel

The Board of Trustees and the Principal Officer have the authority, as well as the responsibility for planning, directing and controlling the activities of Platinum Health Medical Scheme. The Board of Trustees are not compensated for expenses incurred while fulfilling their roles of the Scheme other than stated below. The Principal Officer's salary is disclosed in Note 16.

Statement of comprehensive income

	2021 R	2020 R
Key management remuneration	34 311 132	28 241 510
Short term employee benefits	29 190 442	22 886 046
Post-employment benefits	—	932
Other long-term benefits	5 120 690	5 354 532
Contributions received from Key management and Trustees	1 207 760	1 110 246
Claims incurred by Key Management and Trustees	(3 973 883)	(2 076 370)
Trustee's expenses		
Mr C Smith – Disbursements	30 013	—
Dr C Mbekeni – Disbursements	4 137	—
Mr P Krause – Disbursements	18 444	—
Ms L Roets – Disbursements	1 340	2 920
Mr S Pheto – Disbursements	121 285	2 620
Mr K Kokohlabang – Disbursements	118 978	2 520
Mr D Noko – Disbursements	122 936	2 620
Mr J Hlangweni – Disbursements	112 255	420
Mr P Maimela – Disbursements	108 276	2 320
Mr P Malamula – Disbursements	65 095	2 620
Mr B Molefe – Disbursements	64 541	2 520
Mr AM Makou – Disbursements	—	2 100
Mr I Osman – Disbursements	18 444	—
Mr W McCarthy – Disbursements	14 306	—
Mr P Coetzer – Disbursements	14 306	—
Mr D McDonald – Disbursements	2 320	2 220
Mr C Smith – Disbursements	30 013	—
	816 676	22 880

PLATINUM HEALTH MEDICAL SCHEME

NOTES TO THE ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2021 (Continued)

27. RELATED PARTY TRANSACTIONS (Continued)

(b) Key management personnel (continued)

All transactions with the trustees, conducted in accordance with the Rules of the Scheme as well as provisions of the Act, are concluded at arm's length.

The trustees attended the Board of Health Care Funders conference and training and all expenses were paid for by the Scheme. Trustees who opted to receive a cell phone allowance of R160 (2020: R160) per month and a meeting attendance allowance of R100 (2020: R100) are remunerated accordingly.

Terms and conditions of agreement

Neither the trustees nor their beneficiaries were party to or had interest in any of the Scheme's agreements in existence during the current or previous year, except for their individual membership agreements with the Scheme.

(c) Terms and conditions of the related party transactions

(a) *Contribution subsidy*

This constitutes the subsidy portion on contributions paid by the related party for their employees that are members of the Scheme, in their individual capacity.

(b) *Contributions receivable*

This constitutes outstanding contributions payable. The amounts are due immediately, are non-interest bearing and unsecured.

(c) *Contributions subsidy received in advance*

This constitutes contribution subsidy received in advance and amounts owing to the related parties to which the parties have a right. No interest is applied to these balances. The amounts would need to be refunded to the member on demand or where the member exits the Scheme.

(d) *Expense disbursements*

Fees and expenses paid to the Principal Officer and executive committee members of the Board and expenses paid to a trustee, which constitutes expenses incurred in the fulfilling of their respective roles as trustees.

(e) *Investment management fees*

Fees paid to Allan Gray for the management of cash and cash equivalents on behalf of the Scheme.

PLATINUM HEALTH MEDICAL SCHEME

NOTES TO THE ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2021 (Continued)

28. MEDICAL INSURANCE RISK MANAGEMENT

Risk management objectives and policies for mitigating insurance risk

The primary insurance activity carried out by the Scheme assumes the risk of loss from members and their dependants that are directly subject to the risk. These risks relate to the health of the Scheme members. As such the Scheme is exposed to the uncertainty surrounding the timing and severity of claims under the contract. The Scheme also has exposure to market risk through its insurance and investment activities.

The Scheme manages its insurance risk through benefit limits and sub-limits, approval procedures for transactions that involve pricing guidelines, pre-authorisation and case management, service provider profiling, centralised management of risk transfer arrangements as well as the monitoring of emerging issues.

The Scheme uses several methods to assess and monitor insurance risk exposures both for individual types of risks insured and overall risks. These methods include internal risk measurement models, sensitivity analyses, scenario analyses and stress testing. The theory of probability is applied to the pricing and provisioning for a portfolio of insurance contracts. The principal risk is that the frequency and severity of claims is greater than expected.

Insurance events are, by their nature, random, and the actual number and size of events during any one year may vary from those estimated using established statistical techniques. There are no changes to assumptions used to measure insurance assets and liabilities that have a material effect on the annual financial statements and there are terms and conditions of insurance contracts that have a material effect on the amount, timing and uncertainty of the Scheme's cash flows.

The following table summarises the concentration of insurance risk, with reference to the carrying amount of the insurance claims incurred (before and after risk transfer arrangements), by age group and in relation to the type of risk covered / benefits provided. Where appropriate prescribed minimum benefits (PMB) and non-PMB claims have been split:

Age grouping (in years)		In-hospital		Chronic		Day to day R (000)	Total R (000)
		PMB R (000)	Non PMB R (000)	PMB R (000)	Non PMB R (000)		
2020							
< 25	Gross	54 317	20 061	5 590	15 045	81 321	176 334
	Net	53 787	19 878	5 251	14 393	71 408	164 717
25 – 39	Gross	75 683	36 459	21 717	25 047	171 880	330 786
	Net	74 303	36 135	21 178	23 882	157 675	313 173
40 – 55	Gross	92 330	45 717	67 056	24 953	166 543	396 599
	Net	91 720	45 249	65 207	23 427	152 043	377 646
56 – 69	Gross	64 785	24 656	39 524	15 027	91 689	235 681
	Net	64 294	24 533	37 588	13 799	82 748	222 962
> 69	Gross	24 590	7 183	8 531	5 382	29 014	74 700
	Net	24 515	7 169	8 070	4 886	26 150	70 790
	Gross	311 705	134 076	142 418	85 454	540 447	1 214 100
	Net	308 619	132 964	137 294	80 387	490 024	1 149 288
Movements in outstanding claims provision (Note 9)							67 920
Claims related to risk transfer arrangements (Note 12)							8 586
Total							1 225 794

PLATINUM HEALTH MEDICAL SCHEME

NOTES TO THE ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2021 (Continued)

28. MEDICAL INSURANCE RISK MANAGEMENT (Continued)

Age grouping (in years)		In-hospital		Chronic		Day to day	Total
		PMB	Non PMB	PMB	Non PMB	R (000)	R (000)
2019		R (000)	R (000)	R (000)	R (000)		
< 25	Gross	42 814	15 812	4 406	11 859	64 098	138 990
	Net	42 396	15 668	4 139	11 345	56 285	129 833
25 – 39	Gross	59 655	28 737	17 118	19 743	135 478	260 731
	Net	58 567	28 483	16 693	18 824	124 282	246 848
40 – 55	Gross	72 776	36 035	52 854	19 668	131 272	312 606
	Net	72 295	35 666	51 397	18 465	119 843	297 667
56 – 69	Gross	51 064	19 434	31 154	11 844	72 271	185 768
	Net	50 677	19 338	29 628	10 876	65 223	175 743
> 69	Gross	19 382	5 661	6 724	4 242	22 870	58 880
	Net	19 323	5 651	6 361	3 851	20 611	55 798
Gross		245 691	105 681	112 256	37 356	425 989	956 974
Net		243 259	104 805	108 217	63 362	386 245	905 888

Movements in outstanding claims provision (Note 9)	45 400
Claims related to risk transfer arrangements (Note 12)	7 217
Total	958 505

In-hospital benefits cover all costs incurred by members, whilst they are in hospital to receive pre-authorised treatment for certain medical conditions.

Chronic benefits cover the cost of certain prescribed medicines consumed by members for chronic conditions / diseases, such as high blood pressure, cholesterol and asthma.

Day-to-day benefits cover the cost (up to 100% of the Platinum Health Medical Scheme referenced price list tariff) of out of hospital medical attention, such as visits to general practitioners and dentists as well as prescribed non-chronic medicines.

The Scheme's strategy seeks diversity to ensure a balanced portfolio and is based on a large portfolio of similar risks over several years and, as such, it is believed that this reduces the variability of the outcome.

The strategy is set out in the annual business plan, which specifies the benefits to be provided by each option, the preferred target market and demographic split thereof.

All the contracts are annual in nature and the Scheme has the right to change the terms and conditions of the contract at renewal. Management information including contribution income and claims ratios by option, target market and demographic split, is reviewed monthly.

PLATINUM HEALTH MEDICAL SCHEME

NOTES TO THE ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2021 (Continued)

28. MEDICAL INSURANCE RISK MANAGEMENT (Continued)

Risk in terms of risk transfer arrangements

When selecting a supplier, the Scheme considers their relative security. The security of the supplier is assessed from public rating information and from internal investigations (such as considering fund adequacy, solvency, capacity and appropriate resources).

Benefits and associated contributions are calculated considering the “Schemes risk concentrations”, changes in utilisation based on historical data and inflationary increases.

The Scheme considers its risk to be concentrated in the following areas:

Hospital benefits

Hospital claims represents the Schemes most significant expense and there is a risk that the actual claims incurred in respect of hospital costs for any benefit year, could be adversely more than the expectation.

Medicine benefits

Medicine claims are affected by continued legislative changes and there is a risk that the actual claims incurred, as a result, may increase or decrease medicine costs more or less than expected.

Specialist costs

Specialist costs are directly affected by member’s health profiles and there is a risk that the actual claims incurred, as a result, may increase more than expected.

Pensioner ratio

Based on historical data, pensioner members are regarded as the high claimers of medical benefits. Due to the significant influence of pensioners and the Scheme’s arrangement with employer companies, the pensioner levels could increase more than anticipated, which could result in greater claims expenditure than expected.

Claims development

The claims development tables are not presented since the uncertainty regarding the amount and timing of claim payments is typically resolved within 1 year.

Quantitative risk factors

The effects of the changes in the risk areas identified are set out below. Each change in the criteria represents the impact on the 2021 and 2020 budget that was approved by the Board of Trustees.

The most significant risk mitigation tool of the Scheme is, however, its reserve base. The current solvency margin of 39% (2020: 40%) represents sufficient income for the Scheme to continue as a going concern.

PLATINUM HEALTH MEDICAL SCHEME

NOTES TO THE ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2021 (Continued)

28. MEDICAL INSURANCE RISK MANAGEMENT (Continued)

Quantitative risk factors (Continued)

Instrument analysis

	Total approved budget for area	Sensitivity 1 @ 1% increase – claims (Increase)/ decrease	Sensitivity 2 @ 2% increase – claims (Increase)/ decrease
Impact of increased utilisation on the approved budget	R	Impact of alternative %	Impact of alternative %
2021			
<i>Inflation assumptions</i>			
(a) Hospitalisation costs			
– Budget scenario – 5.3%	471 124 635	6.3%	7.3%
– Effect on claims – R		4 711 246	9 422 493
– Effect on solvency – %		(0.29)/0.29	(0.58)/0.58
(b) Medicine costs			
– Budget scenario – 5.3%	313 990 963	6.3%	7.3%
– Effect on claims – R		3 139 910	6 279 819
– Effect on solvency – %		(0.19)/0.19	(0.38)/0.38
(c) Specialist costs			
– Budget scenario – 5.8%	158 376 102	6.8%	7.8%
– Effect on claims – R		1 583 761	3 167 522
– Effect on solvency – %		(0.10)/0.10	(0.20)/0.20
(d) Continuation members' ratio			
– Budget scenario – 3.9%	3.9%	4.9%	5.9%
– Effect on claims – R		1 078 825	2 157 650
– Effect on solvency – %		(0.08)/0.08	(0.16)/0.16
2020			
<i>Inflation assumptions</i>			
(a) Hospitalisation costs			
– Budget scenario – 6.4%	433 617 717	7.4%	8.4%
– Effect on claims – R		4 336 177	8 672 354
– Effect on solvency – %		(0.30)/0.30	(0.60)/0.60
(b) Medicine costs			
– Budget scenario – 5.4%	237 617 005	6.4%	7.4%
– Effect on claims – R		2 376 170	4 752 340
– Effect on solvency – %		(0.16)/0.16	(0.32)/0.32
(c) Specialist costs			
– Budget scenario – 6.9%	146 379 781	7.9%	8.9%
– Effect on claims – R		1 463 798	2 927 596
– Effect on solvency – %		(0.10)/0.10	(0.20)/0.20
(d) Continuation members' ratio			
– Budget scenario – 4.1%	3.9%	5.0%	6.0%
– Effect on claims – R		1 078 825	2 157 650
– Effect on solvency – %		(0.07)/0.07	(0.14)/0.14

PLATINUM HEALTH MEDICAL SCHEME

NOTES TO THE ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2021 (Continued)

28. MEDICAL INSURANCE RISK MANAGEMENT (Continued)

Operational risks

The impact of the implementation of the NHI (National Health Insurance) is regularly monitored by the Board of Trustees in conjunction with the administrators and legislation applied by government.

The Board of Trustees regularly performs a risk assessment of the Scheme. The key operational risks identified at the last assessment were as follows:

- coronavirus disease 2020 (COVID-19);
- outstanding contracts;
- changes in demographics in the mining industry; and
- trade union dynamics.

29. CONTINGENT ASSET

Road Accident Fund (RAF)

A contingent asset exists that arises from a past event (the accident that took place). The existence of this asset will only be confirmed by the occurrence or non-occurrence of one or more future events (the results from the RAF). The results from the RAF are not wholly within the control of the Scheme.

Schedules of claims to the value of R29 951 393 (2020: R 26 832 303) were provided to the lawyers who were appointed by the members for inclusion in the claim to be lodged against the RAF.

30. SUBSEQUENT EVENTS

There are no significant events after the reporting date which requires disclosure or adjustment to the annual financial statements.

31. ACQUISITION OF RA GILBERT PROPRIETARY LIMITED

The Scheme purchase all issued shares in RA Gilbert Proprietary Limited from Platmed Proprietary Limited at net asset value as at 31 December 2019. The actual registration and transfer of the shares took place on 1 June 2020 and the purchase amount was paid during June 2020.

32. IMPLICATIONS OF COVID-19

Since the outbreak of the Coronavirus during mid-January 2020 the Trustees have taken COVID-19 into consideration in terms of the possible effects of COVID-19 when considering the going concern assumptions, valuation and impairment of non-financial assets, financial instruments, any concessions, and ability to meet the day-to-day requirement of the medical scheme to its members. The Trustees continue to consider the potential impact of the outbreak on significant estimates and judgements going forward for the Scheme.

During the financial year of 2021 the Scheme has experienced three COVID-19 waves. However due to the efforts that were put in at the start of COVID-19 from an operational perspective and the planning that went into the readiness of our facilities and staff to deal with COVID-19 the Scheme has dealt with COVID exceptionally well despite the added costs. The measures that the Scheme put into place to manage its risk in relation to the pandemic:

- All staff were trained to assess patients and follow COVID-19 protocols.
- Temperature scanners to identify elevated body temperatures of patients entering the Schemes facilities were acquired.
- All patients with chronic medical conditions were given 6 months chronic medicine to ensure that these patients, most vulnerable to develop severe symptoms from COVID-19, were not exposed unnecessarily by having to collect chronic medicine within short intervals. Members with chronic medical conditions were encouraged to take medication as prescribed.

PLATINUM HEALTH MEDICAL SCHEME

NOTES TO THE ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2021 (Continued)

32. IMPLICATIONS OF COVID-19 (Continued)

- All patients who are HIV positive have been encouraged to go onto ART immediately. Patients on ART, but not yet viral load suppressed have been encouraged to take medication as prescribed to ensure that they become viral load suppressed.
- PPE was purchased to ensure that the Scheme has adequate reserves in place.

Extensive education has taken place, and continues, with newsflashes having been distributed and information pertaining to COVID-19 being displayed on televisions at all the Schemes facilities.

Notwithstanding the above, the Scheme, during the 2021 financial year, has conducted over 36 000 COVID-19 tests of which over 8 000 tested COVID-19 positive. In total R31m was spent in respect of PCR tests. In addition to PCR tests, the Scheme has spent R85m on hospital costs in 2021 related to COVID-19.

During 2021 financial year the Scheme started vaccination campaigns at all sites with the objective to vaccinate at least 70% of its beneficiaries. The Scheme achieved a 71.5% vaccination rate of all beneficiaries (18 years+) of which 91% of the beneficiaries were fully vaccinated and 80% of the vulnerable beneficiaries (60 years+ and chronic medical conditions such as Hypertension, Diabetes, HIV and TB) were vaccinated. The Scheme has spent R30m in respect of COVID-19 vaccinations. The vaccination campaigns have continued in 2022 with the objective to vaccinate those members not yet vaccinated as well as administer booster vaccines to those already vaccinated.

In addition to COVID-19 vaccination campaigns flu vaccinations are an important preventative measure to try and ensure that the immune system has a greater chance of fighting the virus and the Scheme, through its related parties, are procuring vaccines to vaccinate members of the Scheme as a preventative measure once again in 2022.

The Scheme has assessed the risks of the COVID-19 pandemic, put together a response plan, analysed its ability to continue as a going concern and at this stage is confident that during this global pandemic the Group will remain viable and continue as a going concern. Subsequent to the year end the Scheme has continued to outperform budget and with reserves of over R662m the going concern assumption is still valid. No estimates and judgement have been impacted by the COVID-19 pandemic nor has there been any changes to the accounting policies of the Scheme.

The Scheme owns Property Plant and Equipment (PPE), and the valuation and impairment of PPE has not been impacted by the outbreak of COVID-19. Due to the nature of the business that the Scheme operates, the nature of PPE it holds and that it serves a captive market there is no material uncertainty with regards to the valuation of PPE. PPE in use has assisted the Scheme to provide healthcare services to its members. The Scheme does not hold investment property or any property in its own name.

The investment in RA Gilbert (Pty) Ltd (RAG) by the Scheme has in no way been impaired as an investment. The business of RAG in dispensing of cost-effective medication to beneficiaries of the Scheme and the 6-month bulk chronic medication dispensed in 2021 has aided the Scheme to keep healthcare costs under control and therefore impairment of the investment is not a concern. The fair value of RAG has been considered in the past by independent valuers and takes into consideration a net asset value technique which in this case is still favourable and improving.

Although the economy has been impacted negatively by the numerous lockdown levels and restrictions imposed by Government, platinum group metal prices have surged to all-time highs in 2021, resulting in participating employers (Platinum Mines) recording excellent financial results. All the participating employers have continued to honour their contribution payments during the COVID -19 pandemic.

With the credit risk not being a material concern for the Scheme and with all the participating employers making monthly contribution payments there has been no 'liquidity risk' to the Scheme. The Schemes objective when managing liquidity is to ensure that, as far as possible, it will have sufficient liquidity to meet its liabilities when they become due, under both normal and stressed conditions, without incurring unacceptable losses or risking damage to the Schemes reputation. The Scheme and the Investment Committee continue to manage cashflow with the Investment Committee continuously seeking alternative options to optimise investment returns.

To assist the members, the Board of Trustees has once again taken a decision to defer the annual contribution increase by 2 months. The 2022 contribution increase will only be implemented with effective from 1st March 2022, therefore providing R18m assistance to members.

PLATINUM HEALTH MEDICAL SCHEME

NOTES TO THE ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2021 (Continued)

32. IMPLICATIONS OF COVID-19 (Continued)

The Scheme through its governance structures continues to monitor the impact of COVID-19 and will ensure that corrective measures are implemented should the need arise. and judgement have been impacted by the COVID-19 pandemic nor has there been any changes to the accounting policies of the Scheme.

The Scheme owns Property Plant and Equipment (PPE) and the valuation and impairment of PPE has not been impacted by the outbreak of COVID-19. Due to the nature of the business that the Scheme operates, the nature of PPE it holds and that it has a captive market there is no material uncertainty with regards to the valuation of PPE. PPE in use has assisted the Scheme to perform its role to provide healthcare services to its members. The Scheme does not hold investment property or any property in its own name.

33. NON-COMPLIANCE WITH MEDICAL SCHEMES ACT 131 of 1998.

The following areas of non-compliance of the Medical Schemes Act 131, 1998 were identified during the course of the year:

(1) Investments in employer and administrator companies

Nature and cause of non-compliance

In terms of the Medical Schemes Act and specifically Section 35 8(a) it is a requirement that a medical scheme shall not invest any of its assets in the business of or grant loans to an employer who participates in the Medical Scheme, or any administrator or any arrangement associated with the Medical Scheme. As per the explanatory Note 8 to Annexure B in terms of the Medical Schemes Act, compliance is tested on a look-through principle. Therefore, if the Scheme has invested in a pooled fund/collective investment Scheme which has invested some of their assets in the Scheme's employer group, the Scheme is non-compliant to the requirements of section 35(8).

The following investments are held indirectly in employer companies at year end through Allan Gray pooled funds:

	2021 R	2020 R
• Northam Platinum Limited	10 719 616	7 105 103
• Anglo American Plc	–	1 596 756

The following investments are held indirectly in administrator companies at year end through Allan Gray pooled funds:

• MMI Holdings Ltd	405 367	263 107
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Possible impact of non-compliance

The contravention of the Act will have an insignificant impact on the Scheme as the amounts invested in employer companies and administrator companies are immaterial and the Scheme has no influence over the investment decision. The Council for Medical Schemes have not imposed any penalties on these contraventions.

PLATINUM HEALTH MEDICAL SCHEME

NOTES TO THE ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2021 (Continued)

33. NON-COMPLIANCE WITH MEDICAL SCHEMES ACT 131 of 1998 (Continued)

(1) Investments in employer and administrator companies (Continued)

Corrective course of action adopted to ensure compliance, including the timing of the corrective action

Compliance with the Medical Scheme Act should always be considered when investments are made by the Scheme or by the portfolio managers. If not in compliance, the Registrar should be informed immediately. The Scheme has no direct or indirect influence over the Allan Gray investment strategies as the pooled funds

are invested to optimise return on investment for the entire portfolio. A letter confirming the exemption from investing in employer group and medical scheme administrators through asset managers where such investment choices are not influenced by the Scheme was received from the Council for Medical Schemes for a period of 3 years, commencing 1 December 2019.

(2) 3 Day rule – contributions not received in 3 days from becoming payable

Nature and cause of non-compliance

In terms of the Medical Schemes Act and specifically Section 26 (7) contributions should be received in accordance with the rules of the Scheme. The rules indicate that contributions should be received no later than the third day of each month. As at 31 December 2021, there were contribution debtors outstanding for more than 30 days to the amount of R1 687 200 (2020: R1 493 472). This amount represents about 1% of the total contributions received during the year, but the delay in receipt is in contravention of Section 26(7) of the Medical Schemes Act.

Possible impact of non-compliance

The contravention of the Act may result in the Council for Medical Schemes imposing penalties for the non-compliance.

Corrective course of action adopted to ensure compliance, including the timing of the corrective action

The Scheme continually strives to have all membership changes updated before the following contribution run. Due to the nature of the membership movement, and the communication process between the employer's administrators on the one hand and the Scheme on the other, this is not always possible.

(3) Exceeding the 2.5% limit – Any other assets not referred to elsewhere in Annexure B of Regulation 30

Nature and cause of non-compliance

In terms of the Medical Schemes Act and specifically Regulation 30, the percentage of assets held as per Annexure B, item 7 Any other assets not referred to elsewhere in this annexure: Inside the Republic

(j) Where inventories are included, inclusion at the smaller of book and realisable value

The assets held under this section exceeded the 2.5% limitation for the period April 2021 to October 2021 not exceeding 3.37% in any one month.

Possible impact of non-compliance

The contravention of the Act may result in the Council for Medical Schemes imposing penalties for the non-compliance.

Corrective course of action adopted to ensure compliance, including the timing of the corrective action

The Scheme continually strives to adhere to this requirement but due to the Covid 19 pandemic additional stock were carried during the two waves experienced as to not run out of medication if stock shortages are encountered by wholesalers. After the two waves stock holding was reduced to keep the assets within the 2.5% requirement.

PLATINUM HEALTH MEDICAL SCHEME

NOTES TO THE ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2021 (Continued)

33. NON-COMPLIANCE WITH MEDICAL SCHEMES ACT 131 of 1998 (Continued)

- (3) **Exceeding the 2.5% limit – Any other assets not referred to elsewhere in Annexure B of Regulation 30**
(Continued)

The Council for Medical Schemes(Council) has been engaged by the Scheme on the non-compliance issue and the initial meeting was held on the 17th January 2022 where the Scheme detailed the reasons for the non compliance and what corrective action had been taken. During the session the Scheme explained to the Council how the Scheme's Health Maintenance Organization operated in order to give the Council a view of operations and how the 2.5% was breached as explained in the note. Further to this engagement with the Council the Principal Officer has sent through various correspondence on the matter of which the Scheme still awaits a formal response from the Council.

The Scheme will continue to engage with the Council in order to resolve the matter going forward so as not be non-complaint in the future.

PLATINUM HEALTH MEDICAL SCHEME

**DETAILED STATEMENT OF COMPREHENSIVE INCOME PER BENEFIT OPTION
FOR THE YEAR ENDED 31 DECEMBER 2021**

**2021
AUDITED**

Gross contribution income

Note	Plat Comprehensive R	Plat Cap R	Plat Freedom R	Total R
	1 481 134 866	49 063 516	79 943 542	1 610 141 924
	(1 465 229 097)	(30 729 203)	(56 797 433)	(1 552 755 733)

Total net claims incurred

Gross claims reported and/or paid for risk carried by the Scheme

- Direct claims for the period
- Direct benefits for the previous period (Note 9)
- Direct benefits reported not paid
- Net expenses from other risk transfer arrangements
- Managed care: management services
- Services rendered in own facilities

Actual
1
1
Actual

1 393 923 382	29 363 200	53 918 610	1 477 205 192
1 017 962 013	15 017 586	50 914 100	1 083 893 699
31 701 273	938 816	1 501 072	34 141 161
28 463 878	966 240	1 482 934	30 913 052
2 767 443	108 358	–	2 875 801
419 741	6 848	20 504	447 093
312 609 033	12 325 352	–	324 934 385

Movement in outstanding claims provision

- Over / (under) provision in prior year
- Adjustment for current year

1
1

63 049 225	1 036 830	2 878 823	66 964 878
10 518 412	(219 243)	75 039	10 374 208
52 530 813	1 256 073	2 803 784	56 590 670

Total claims paid for risk carried by Scheme

1 456 972 607	30 400 030	56 797 433	1 544 170 070
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Gross claims reported and/or paid for in respect of related risk transfer arrangements

- Direct claims for the period

1

8 256 490	329 173	–	8 585 663
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Total claims paid for by related risk transfer arrangements

8 256 490	329 173	–	8 585 663
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PLATINUM HEALTH MEDICAL SCHEME

DETAILED STATEMENT OF COMPREHENSIVE INCOME PER BENEFIT OPTION FOR THE YEAR ENDED 31 DECEMBER 2021 (Continued)

	Note	Plat Comprehensive R	Plat Cap R	Plat Freedom R	Total R
2021					
AUDITED (Continued)					
Managed care – management services		(13 218 151)	(459 525)	(686 576)	(14 364 252)
Management fees		(2 209 691)	(87 672)	(115 710)	(2 413 073)
Administration expenses	1	(87 819 287)	(3 484 319)	(4 598 657)	(95 902 263)
Own facility surplus		33 644 881	1 334 895	1 761 814	36 741 590
Net impairment losses	1	(752 187)	(29 844)	(39 388)	(821 419)
Investment income	2	29 060 579	3 766 602	2 713 970	35 541 151
Fair value adjustment	2	30 304 587	3 927 840	2 830 148	37 062 575
Impairment loss recovery		120 376	4 781	6 291	131 448
Finance costs	Actual	(1 777 692)	(70 532)	(31 385)	(1 879 609)
Proceeds on sale of assets		127 705	5 751	6 948	140 404
Sundry expenses		(554)	(22)	–	(576)
Other income		100 328	3 981	5 254	109 563
Net surplus for the year		3 486 663	23 246 249	24 998 818	51 731 730
Strength		90 290	3 065	4 704	98 059

(2021: Number of beneficiaries at year end)

Note

1. Total claims are allocated on actual claims for the respective options.
2. Other operating income and expenses are apportioned based on members' strength.

PLATINUM HEALTH MEDICAL SCHEME

DETAILED STATEMENT OF COMPREHENSIVE INCOME PER BENEFIT OPTION FOR THE YEAR ENDED 31 DECEMBER 2021

2020 AUDITED	Note	Plat Comprehensive R	Plat Cap R	Plat Freedom R	Total R
Gross contribution income		1 345 713 479	49 822 248	73 514 233	1 469 049 960
Total net claims incurred		(1 158 423 452)	(31 924 095)	(50 028 014)	(1 240 375 561)
Gross claims reported and/or paid for risk carried by the Scheme		1 109 299 117	30 892 579	48 451 903	1 188 643 599
– Direct claims for the period	Actual	789 413 729	17 319 031	41 234 120	847 966 880
– Direct benefits for the previous period (Note 8)	1	41 175 292	1 253 984	2 923 626	45 352 902
– Direct benefits reported not paid	1	10 879 994	445 637	590 953	11 916 584
– Net expenses from other risk transfer arrangements		3 205 226	143 400	–	3 348 626
– Managed care: management services		399 784	11 210	17 666	428 660
– Services rendered in own facilities	Actual	264 225 092	11 719 317	3 685 538	279 629 947
Movement in outstanding claims provision		42 219 685	719 573	1 576 111	44 515 369
– Over provision in prior year	1	5 986 846	(387 039)	(1 552 709)	4 047 098
– Adjustment for current year	1	36 232 839	1 106 612	3 128 820	40 468 271
Total claims paid for risk carried by Scheme		1 151 518 802	31 612 152	50 028 014	1 233 158 968
Gross claims reported and/or paid for in respect of related risk transfer arrangements					
– Direct claims for the period	1	6 904 650	311 943	–	7 216 593
Total claims paid for by related risk transfer arrangements		6 904 650	311 943	–	7 216 593

PLATINUM HEALTH MEDICAL SCHEME

DETAILED STATEMENT OF COMPREHENSIVE INCOME PER BENEFIT OPTION FOR THE YEAR ENDED 31 DECEMBER 2021 (Continued)

	Note	Plat Comprehensive R	Plat Cap R	Plat Freedom R	Total R
2020					
AUDITED (Continued)					
Managed care – management services		(13 639 008)	(531 813)	(735 502)	(14 906 323)
Management fees		(1 910 732)	(86 044)	(103 959)	(2 100 735)
Administration expenses	1	(90 042 757)	(4 054 791)	(4 899 065)	(98 996 613)
Own facility surplus		6 632 157	298 658	360 844	7 291 659
Net impairment losses	1	(2 184 632)	(98 378)	(118 862)	(2 401 872)
Investment income	2	31 531 273	2 697 000	1 434 384	35 662 657
Fair value adjustment	2	(19 561 649)	(1 673 188)	(889 875)	(22 124 712)
Impairment loss recovery		115 193	5 221	6 290	126 704
Finance costs	Actual	(3 009 788)	(135 536)	(54 855)	(3 200 179)
Proceeds on sale of assets		9 659	435	526	10 620
Sundry expenses		(2 746)	(124)	–	(2 870)
Other income		1 159 633	52 220	63 093	1 274 946
Net surplus for the year		96 386 630	14 371 813	18 549 238	129 307 681
Strength		84 230	3 450	4 575	92 255

(2020: Number of beneficiaries at year end)

Note

- Total claims are allocated on actual claims for the respective options.
- Other operating income and expenses are apportioned based on members' strength.