



**The Centre for Actuarial Research
(CARE)**

A Research Unit of the University of Cape Town

Chronic Medicine Benefits in Medical Schemes

**An Analysis of Benefit Designs in 2001 and Changes
Since the Introduction of the Medical Schemes Act, 1998**

CARE Monograph No. 7

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1. Introduction

1.1 Background and context

The major provisions of the Medical Schemes Act, No. 131 of 1998., and associated Regulations, came into force with effect from 1 January 2000. A key goal of the legislation was to return to an environment of community-rating., as had existed until 1989. In the period from 1989 to 1999, a series of reforms had allowed schemes to progressively risk-rate on more factors. In the years from 1994 to 1999, a number of open (or “commercial”) schemes had rated aggressively by age.

In the new legislation, provision was made for “open enrolment”. Open medical schemes are required to accept all who make application to join at standard rates. Some protection against anti-selection by members was provided for with waiting periods and exclusions for up to 12 months on pre-existing conditions. These could be imposed only under certain circumstances.

The legislation allowed for late-joiner penalties to be imposed by schemes on those who had remained out of the medical schemes environment for a considerable time period. An initial amnesty period was declared from 1 January 2000 to 31 June 2000, during which schemes could not impose late-joiner penalties. This period was subsequently extended to 31 March 2001.

In anticipation of the new legislation there were, in some schemes, substantial benefit design changes. These occurred in late 1999, to take effect from 1 January 2000. At the time, consumer journalists commented on a number of open schemes that had suddenly reduced or removed existing chronic medicine benefits. These schemes were seen as making themselves less attractive to the elderly and chronically ill, during the coming amnesty period.

From 1 January 2000, all medical schemes have been required to provide members with prescribed minimum benefits as listed in the Regulations of the Medical Schemes Act. The minimum benefits cover a spectrum of hospital benefits according to public sector hospital treatment protocols. Schemes must provide access to these benefits in at least one environment. This could be the public sector or other private networks could be contracted to supply these benefits. Schemes may not impose financial limits on members in respect of these benefits.

The minimum benefits cover essentially treatment in hospital. Questions have been raised as to whether chronic medicine benefits should form part of future prescribed minimum benefits. This report serves to provide more information on the design of chronic medicine benefits in open medical schemes.

1.2 Objectives

The overall objective of this report is to provide an overview of chronic medicine benefits offered by open medical schemes in 2001. The report also tracks changes in chronic medicine benefits for eight large open schemes from 1999 to 2001.

It is not an objective of this report to discuss the effectiveness of methods of managing chronic medicine costs. The focus is on the approach to chronic medicine benefit design used by schemes.

1.3 Data

In respect of the year 2001, information was obtained for 32 open medical schemes, out of a total number of 51 in the market in January 2000. These schemes are associated with 23 separate administrators. The 32 schemes offer a total of 169 options. Appendix A contains a list of the administrators, schemes and options considered in the analysis.

In respect of the years 1999 and 2000, data was obtained for eight large open schemes. Appendix B contains a list of these eight schemes.

Information on benefits and contributions was obtained primarily from marketing material, both printed and electronic. The analysis is done from the perspective of a consumer or corporate buyer of these products. Data was not collected on chronic benefit management programmes.

1.4 Acknowledgements

The authors would like to thank the Research and Monitoring Division of the Council for Medical Schemes for their assistance in obtaining material.

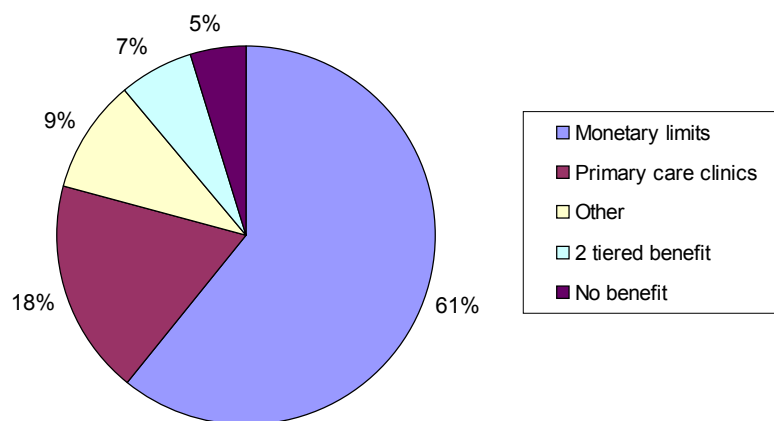
2. Chronic Medicine Benefit Design in 2001

The 169 options were divided into five categories according to the chronic medicine benefits provided:

- Options that place monetary limits on benefits,
- Options that provide chronic medicine benefits through a network of primary care clinics,
- Options that have chronic medicine benefits that are neither provided by a clinic, nor have any monetary limits,
- Options that provide two-tiered chronic medicine benefits,
- Options that have no chronic medicine benefits.

The list of options in each category can be found in Appendix C.

Categories of chronic medication benefits



As can be seen in Figure 1, the majority of the options analysed have monetary limits on chronic medicine benefits. As discussed in Section 2.2 below, the level and form of these monetary limits varies greatly.

The high proportion of options offering chronic medicine benefits through primary care clinics correlates with the proportion of options offering capitated primary care.

Given that chronic medicine benefits are generally perceived as high cost drivers and attractive to old and less healthy members, it is of interest that 9% of options in open schemes place no limits on chronic medicine benefits.

Two-tiered benefits and the exclusion of chronic medicine benefits are both features of the post 1998 regulatory environment and together make up 12% of options. Two-tiered benefit structures are explained in Section 2.5.

It is important to note that even though chronic medicine benefits are excluded from prescribed minimum benefits, only 5% of options offer no chronic medicine benefits at all.

At the time of completion of this monograph, the details of the number of members covered by each option in 2000 was not yet available from the Registrar of Medical Schemes. It will be useful to consider not only the number of options but also the number of beneficiaries in each of these categories.

2.1 Features of Chronic Medicine Benefit Design

A number of features of chronic medicine benefit design are highlighted in this report. These include the following mechanisms to reduce or manage costs:

- required benefit registration,
- chronic ailment lists,
- drug lists or formularies,
- preferred providers
- levies and co-payments.

Benefit registration has the benefit of giving the scheme better access to drug utilisation data, enables disease management programmes, and interventionist action on the part of the scheme. Drug utilisation reviews can highlight medication problems such as poly-pharmacy, and in that way reduce costs if problems are rectified.

Drug and chronic ailment lists are mechanisms for restricting benefits and for managing costs. Drug lists usually specify drugs that can be prescribed for certain conditions. Often expensive drugs are not covered and generic drugs are substituted where possible.

By using preferred providers to provide medication schemes can negotiate lower prices in return for higher volumes.

Levies and co-payments are mechanisms used to affect the utilisation behaviour of members. As a member's utilisation increases their out-of-pocket expenditure also increases. This increase in out-of-pocket acts as a deterrent for increased utilisation.

It is not the objective of this report to discuss chronic benefit management programmes in depth. The use of these mechanisms by schemes will be highlighted, but no evaluation of the effectiveness of the mechanisms is undertaken.

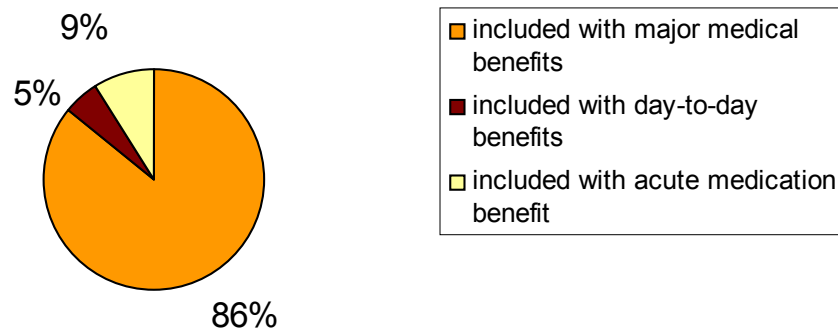
2.2 Options with Monetary Limits for Chronic Medicine

The majority of the options reviewed (more than 60%) impose monetary limits on chronic medicine benefits. Of the 169 options investigated, 103 fall into this category.

The benefits subject to monetary limits are structured in a number of different ways. For most of the options, chronic medicine benefits are included with other major medical benefits and the limit imposed is a sub-limit of the overall limit on major medical benefits. Some options include chronic medicine with day-to-day benefits, and the benefit is thus subject to the limit on insured day-to-day benefits. Chronic medicine benefits may also be included in a prescribed medicine benefit and in that case are subject to the same limit as acute medicine.

As can be seen in the chart below, the majority of options include chronic medicine benefits with major medical benefits.

Types of monetary limits on chronic medication benefits

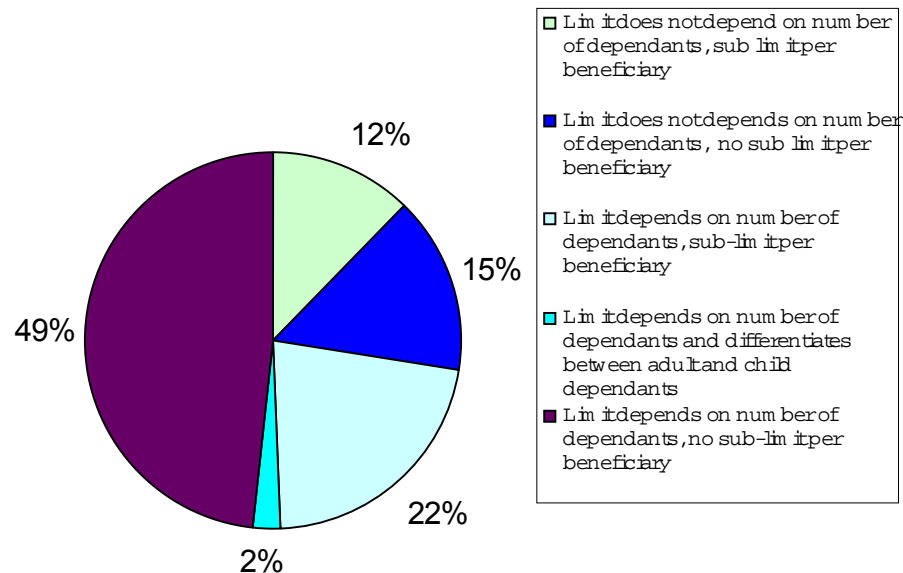


Limits may either depend on the number of dependants or be a global figure regardless of family size. The authors found five different variations in the way limits were structured:

- 1). Overall limit does not depend on family size but there is a sub-limit per beneficiary. For example Topmed Incentive Savings has a limit of R20 000 per family with a sub-limit of R10 000 per beneficiary. This type of limit was found in 12% of options.
- 2). Overall limit does not depend on family size and there is no sub-limit per beneficiary. For example Resolution Progressive has a limit of R3 000. This type of limit was found in 15% of options.

- 3). Overall limit depends on family size and there is a sub-limit per beneficiary. An example of this type of limit is MSP/Sizwe Affordable, which has a limit of R3 000 per beneficiary. 22% of options have this type of limit.
- 4). Overall limit depends on family size and differentiates between adult and child dependants. Caremed Essential has a limit of R900 for principal members, R750 per adult dependant and R500 per child dependant. Only Caremed options made use of this structure.
- 5). Overall limit depends on family size and there is no sub-limit per beneficiary. Close to half of all options made use of this structure. An example is Munimed Omega. The limit for a single member is R3 800, the limit for a member with one dependant is R7 600 and so forth.

Structure of monetary limits



In an attempt to standardise the range of the monetary limits, the limits for a family of four, consisting of two adult and two child dependants, were calculated.

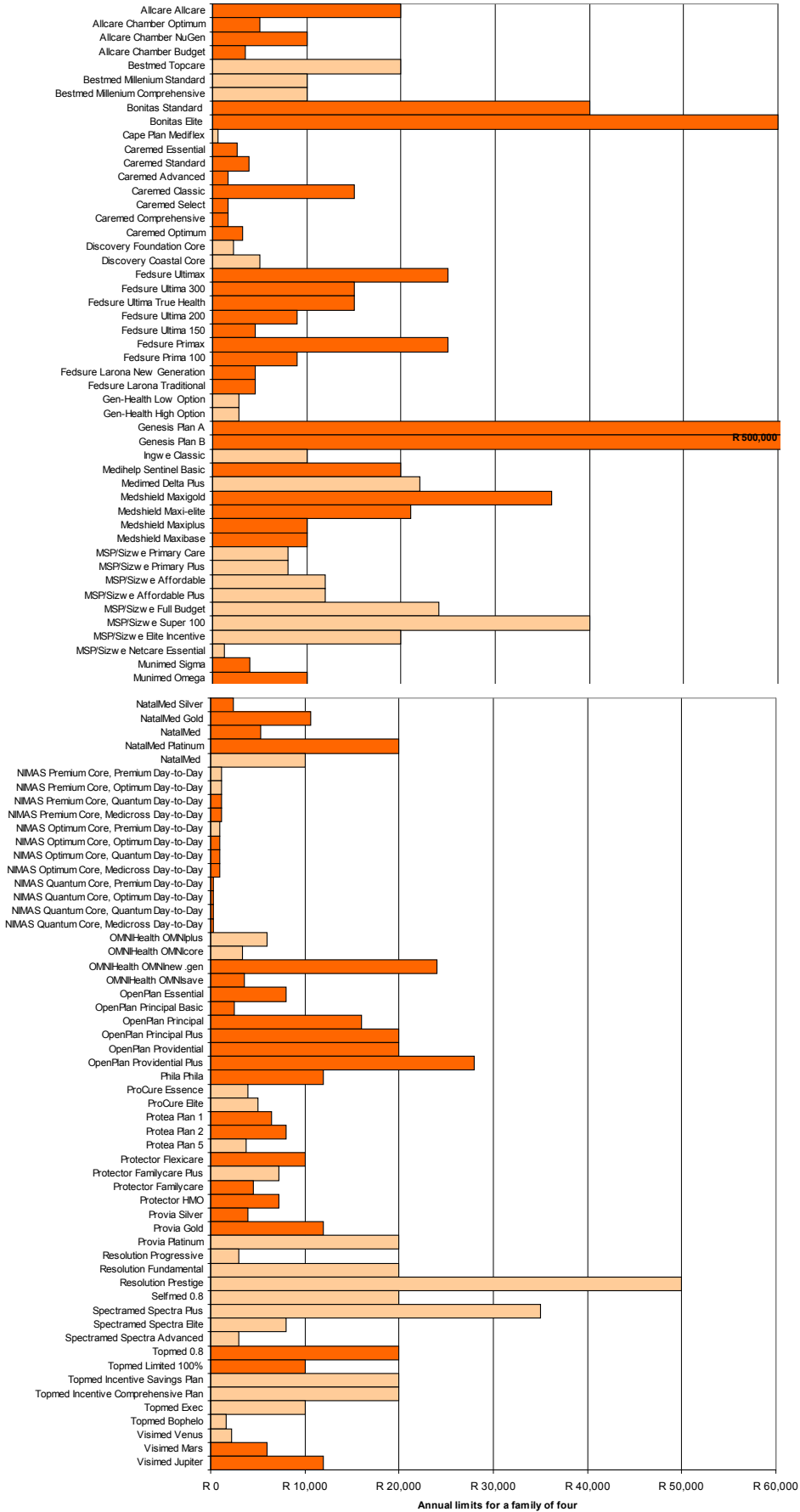
The maximum limit was found to be R500 000 per annum. This is for Genesis Medical Scheme. However this R500 000 limit is for a chronic disease benefit, not only a chronic medicine benefit. The second highest limit is R60 000 for a family of four. This is for the Bonitas Elite option. There is a sub-limit of R15 000 per beneficiary.

The minimum benefit was found to be R300 per annum. This is for the Nimas Quantum range of options, and the limit only applies for the first year of membership and increases thereafter. The second lowest limit is R1 275. This is for the MSP/Sizwe Netcare Essential option.

The average monetary limit is R20 342. This figure is distorted by the R500 000 limit on the Genesis medical scheme option. Excluding Genesis, the average for a family of four was found to be R11 028. This equates to less than R1000 per month (R918.99).

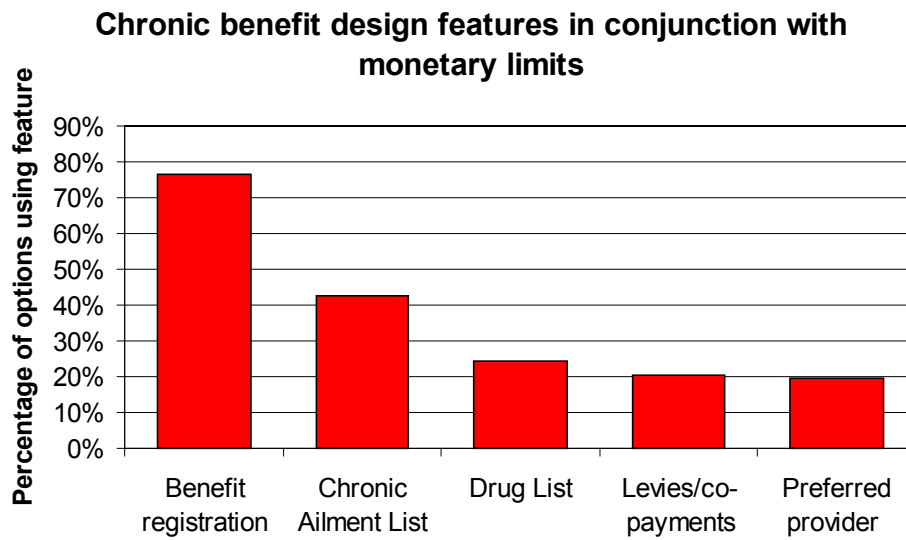
The real value of the average is actually less than this because some of the benefits have per-beneficiary sub-limits and some of the limits include other day-to-day benefits or acute medicine. For example the MSP/Sizwe Netcare Essential limit of R1 275 is a joint limit for acute and chronic medicine.

The range of limits for a family consisting of two adults and two children is illustrated on the next page. The list of monetary limits for each option can be found in Appendix D.



2.2.1 Management of Monetary Limits

Various mechanisms are used in conjunction with monetary limits to manage chronic medicine costs. These include benefit registration, restricting benefits to a chronic ailment list, restricting benefits to a drug list, instituting levies and co-payments and making use of preferred providers.

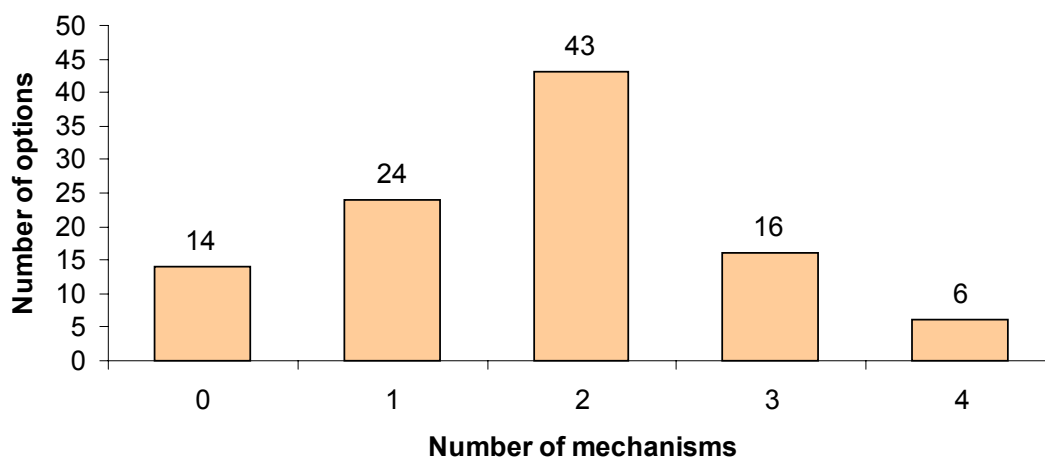


Members are required to register for chronic medicine benefits in 77% of options that use financial limits. 63% of those required to register for the benefit are also subject to a chronic ailment list and 36% of those required to register are subject to a drug list. 10.7% of those required to register for the benefit are subject to both a chronic ailment list and a drug list.

Co-payments range between 10% and 35%. Two options impose a R30 levy per encounter over and above the co-payment. Two options charge a lower co-payment if a preferred provider is used.

As illustrated below, 14 of the 103 (13.6%) options use no mechanisms other than the monetary limits to control costs. 63% of options use more than two mechanisms in conjunction with monetary limits.

Number of mechanisms used to manage chronic medication costs



2.3 Chronic Medicine Provided by a Primary Care Clinic

Of the 169 options analysed, 31 provide benefits through primary care clinic networks. All the options that have capitated primary care benefits also use primary care clinics to provide chronic medicine benefits, with one the exception.

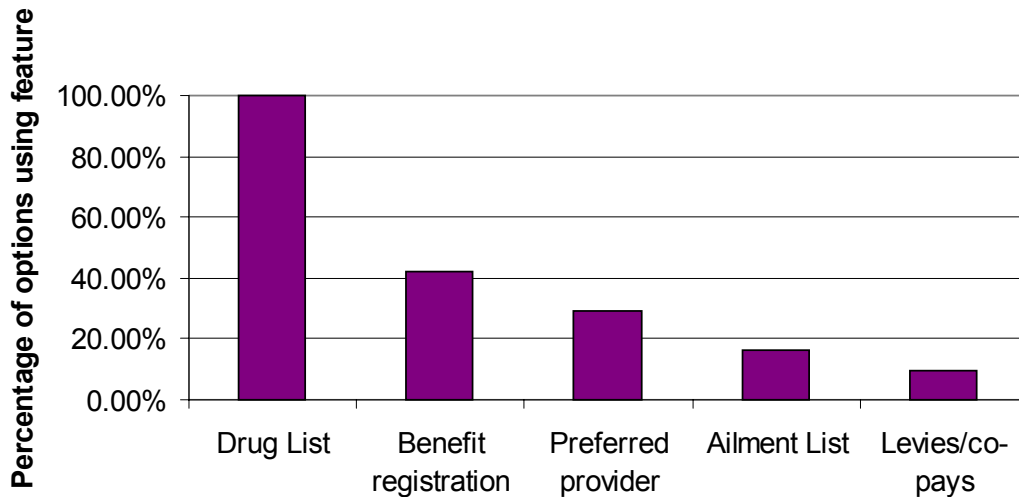
The NMP Medicross Gold Plan option differs in that chronic medicine is covered by the major medical benefit and is subject to registration with the Chroni-care network, a chronic medicine benefit management programme.

The number of options in this category can be expected to increase if the number of medical schemes offering capitated primary care increase. This structure of chronic medicine benefits is attractive to schemes because the risk of providing chronic medicine benefits is transferred to the primary care clinic network.

2.3.1 Management Techniques in Primary Care Clinics

The use of mechanisms to control chronic medicine costs in the primary care clinic context is illustrated below.

Chronic benefit design features used in conjunction with capitated chronic medication benefits



For these capitated options, the central method of control over chronic medicine benefits is the use of a fixed formulary. A fixed formulary is a list of the drugs and pack sizes that may be prescribed for certain conditions. Fixed formularies may make use of generic substitutes and will often exclude vitamins, prophylactics and anti-retroviral drugs.

For certain options, such as those offered by Fedsure Health, members with chronic conditions are required to register for chronic medicine benefits. Information obtained in this way is utilised for drug utilisation reviews in conjunction with disease management programmes.

For some of the options medicine will be paid for if a practitioner at the relevant clinic prescribes it and if it is on the list of accepted medicines. With other options there is the further restriction of having to obtain medicines from certain providers. For example the MSP/Sizwe Medicross option requires medicines to be dispensed by the Pharmacross pharmacy within the relevant Medicross facility. In general, Prime Cure clinics will have a dispensary as part of the clinic structure so the number using a preferred provider is understated.

Only the Discovery Foundation Plus option, the Fedsure Ultima Medicross option and the Medimed options are subject to both the fixed formulary and a list of accepted chronic ailments. Only Minemed makes use of levies.

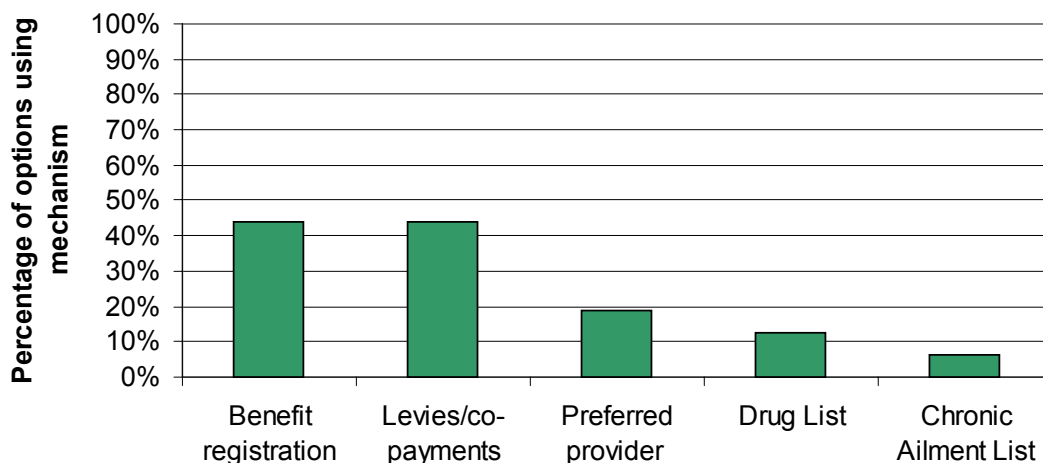
Most of the chronic medicine benefits provided by the primary care clinics are not subject to a monetary limit. Only the Fedsure Health Ultima Medicross option combines clinic control with the use of a monetary limit.

2.4 Options with No Limits on Chronic Medicine

Sixteen of the 169 options analysed (9.5%) provide largely unlimited chronic medicine benefits. These are options that do not impose monetary limits and also do not make use of primary care clinics to provide chronic medicine. Most of these options do however use other mechanisms to control costs.

The mechanisms used by such schemes are benefit registration, restricting benefits to a chronic ailment list, restricting benefits to a drug list, instituting levies and co-payments and making use of preferred providers. The use of these mechanisms is illustrated below.

Chronic benefit design features used when there are no other limits in place

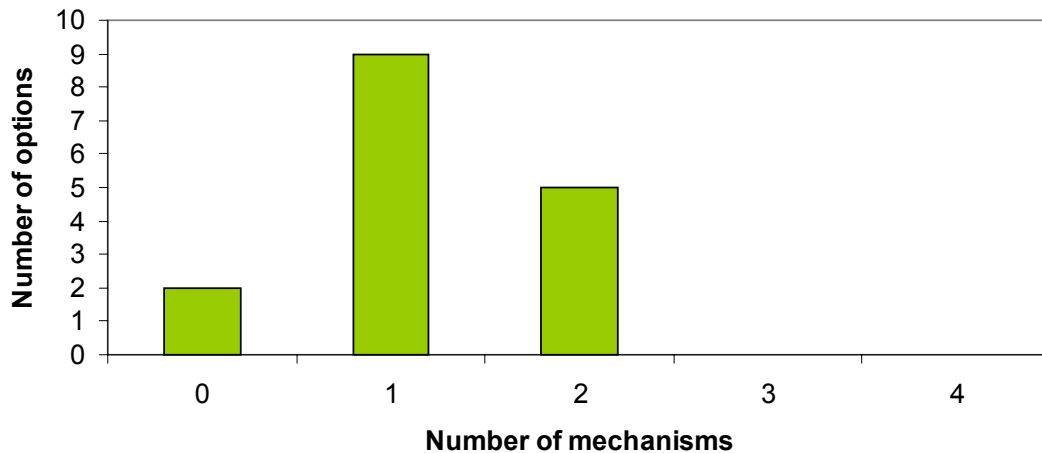


As can be seen above, benefit registration and levies or co-payments are the mechanisms used most frequently when there are no other limitations in place.

Three of the options charge a 10% co-payment and a R13 levy per item per month's use. One option charges a 20% co-payment. Three schemes charge a R10 per item levy.

The number of mechanisms used by options is illustrated below.

Number of mechanisms used to manage chronic medication costs



Given that the options in this category provide unlimited benefits, it is perhaps surprising that cost management mechanisms are utilised less amongst these options than amongst those that impose monetary limits.

There may be mechanisms to control costs that are not apparent in the marketing material of the schemes.

2.5 Two-tiered Optional Chronic Medicine Benefits

Two-tiered chronic medicine benefits offer two levels of chronic medicine cover namely a low level of cover and a high level of cover. Members only have access to the higher level of benefits if they require them. As a consequence those requiring the optional chronic medicine benefit pay a higher contribution than those who do not.

There are two schemes, Discovery Health and Sanlam Health, which make use of this structure. These types of options make up less than 7% of all the options analysed.

Sanlam Health's Selfmed scheme offers optional chronic medicine benefits on three of its four options. The lower tier thus offers no chronic medicine cover. The higher tier offers an unlimited chronic medicine benefit.

For a family of four, the contribution rates for the Sanlam options including chronic medicine benefits are an average of 161% higher than those excluding chronic medicine benefits. This implies that on average chronic medicine benefits comprises more than a third (37%) of the cost of all benefits. This calculation can be seen in Appendix E.

Discovery Health also offers two levels of chronic medicine benefits on eight of their eleven options. The lower level has a monetary limit. The higher level offers unlimited chronic medicine benefit.

Contribution increases for the optional benefit are strikingly similar for the Discovery Health options. For a family of four, options with the higher level of chronic medicine benefits cost an average of 157% more. On average the higher level of chronic medicine benefits make up 36% of the cost of all benefits. This calculation can be seen in Appendix E.

Both schemes also make use of a list of accepted chronic ailments. Benefits are only provided for ailments on this list. Discovery Health also makes use of a preferred provider network of pharmacies to control costs.

If chronic medicine utilisation can be used as a proxy for general levels of health, then these structures divide members into two groups, those who are in a generally good state of health and those who are not. Different contributions are charged to each group. There is a serious question of whether this contravenes the Medical Schemes Act, 1998, which specifically prohibits charging on the basis of health status.

2.6 Options with no chronic medicine benefits

Chronic medicine benefits are not included in the prescribed minimum benefits introduced by the Medical Schemes Act of 1998. Schemes thus have no legal obligation to provide any chronic medicine benefits. It was feared that many schemes would cease to offer these benefits in order to make themselves less attractive to older and chronically ill lives.

Eight options, which equates to less than six percent, were found to offer no chronic medicine benefits at all.

All eight of these options are relatively low-priced options and are amongst the most affordable on offer by the relevant schemes. Six of these options cost less than R1 000 a month for a family of two adults and two children.

3. The Evolution of Chronic Medicine Benefits

This section traces the changes in chronic medicine benefits in eight major open medical schemes over the period 1999-2001. This period spans the effective date of the introduction of the provisions of the Medical Schemes Act, No. 131 of 1998.

3.1 Bonitas Medical Fund

Bonitas Medical Fund has four options. Two of these options experienced a restructuring of chronic medicine benefits in 2000 and an increase in benefits in 2001. The other two, lower cost, options experienced an elimination of chronic medicine benefits.

3.1.1 Primary option and Bonsave option

In 1999 both Bonitas Primary and Bonitas Bonsave had chronic medicine benefits that had monetary limits, were paid at medical aid rates and were subject to benefit registration. The Primary option had a limit of R6 900 per family per annum and the Bonsave option had a limit of R1 500 per family per annum. Both options had no chronic medicine benefit in 2000 and 2001.

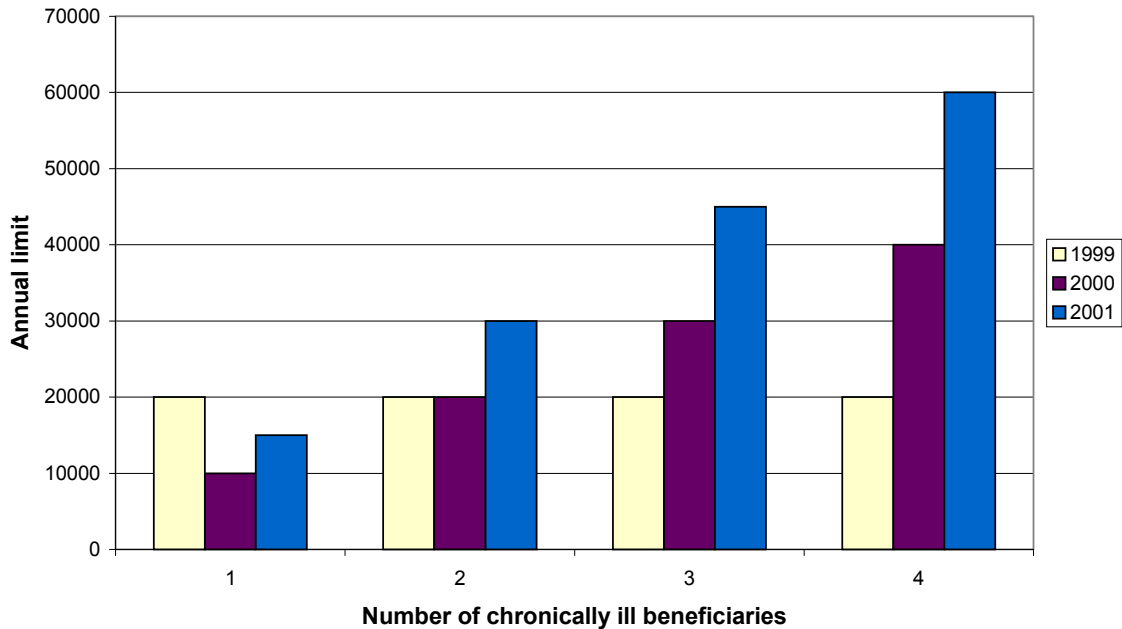
3.1.2 Elite option and Standard option

In 1999, 2000 and 2001 the chronic medicine benefit on these options was subject to a monetary limit, paid at medical scheme tariff level and subject to benefit registration. However the level of the monetary limit changed from year to year.

For Bonitas Elite in 1999 the benefit was subject to a limit of R20 000 per family per annum. The structure of the benefit changed in 2000 with a limit per beneficiary being introduced. The new limit was R10 000 per beneficiary per annum. This was effectively only an increase for families with more than two chronically ill beneficiaries. The limits increased by 50% in 2001 to R15 000 per beneficiary per annum.

The change in limits in Bonitas Elite is illustrated below.

Change in annual limit for various numbers of chronically ill beneficiaries



The change in monetary limits for the chronic medicine benefits on Bonitas Standard follows a similar pattern to Bonitas Elite. In 1999 there was a limit of R15 000 per family per annum. In 2000 this was changed to a per beneficiary limit of R6 000. As for Bonitas Elite this was effectively only an increase for families with more than two chronically ill beneficiaries. This limit was increased in 2001 to R10 000 per beneficiary.

3.2 Caremed Medical Scheme

Caremed Medical Scheme had seven options available in 2001. Options available prior to 2001 but not available in 2001 were not looked at.

3.2.1 Standard option and Comprehensive option

Of the seven options available in 2001 only the Standard option and the Comprehensive option were available in 1999. Both options experienced an increase in chronic medicine benefits from 1999 to 2000 and a subsequent sharp decrease in benefits from 2000 to 2001.

Caremed Standard had a chronic medicine benefit of R5 000 per family per annum in 1999. This increased 50% to R7 500 per family per annum in 2000. In 2001 chronic medicine was payable from the day-to-day benefit.

Caremed Comprehensive had a chronic medicine benefit of R10 000 per family per annum in 1999. This increased substantially to R15 000 for a single member and R20 000 per family in 2000. In 2001 the benefit was reduced to R1 600 per family per annum.

3.2.2 Essential, Advanced, Select, Optimum and Classic options

The Essential, Advanced, Select, Optimum and Classic options were not available in 1999. All five options experienced drastic reductions in chronic medicine benefits from 2000 to 2001. The changes are tabulated below.

Annual monetary limits on Caremed chronic medicine benefits

	2000	2001
Essential	R5 000 per family	Payable from day-to-day benefit
Advanced, Select	M: R7 500 M1+: R12 500	R1 600 family
Optimum	M: R15 000 M1+: R20 000	R3 200 per family
Classic	M: R20 000 M1+: R30 000	R15 000 per family

As can be seen in the table above the Classic option is the only option offering substantial chronic medicine benefits in 2001. For a family of four consisting of two adults and two children, the contribution for this option is 60% higher than the next most expensive option.

3.3 Discovery Health Medical Scheme

The structure of the Discovery Health Medical Scheme chronic medicine benefits has changed dramatically from 1999 to 2001.

In 1999 Discovery Health offered four options: Vital, Essential, Classic and Select. One of these four options Vital had a monetary limit on chronic medicine benefits. The limit was R10 000 for a single member and R20 000 for a family. The other three options had unlimited chronic medicine benefits.

In 2000 Discovery Health launched a product that had an insured disease benefit. It paid out a pre-determined monthly amount depending on the disease the beneficiary was diagnosed with. This product was removed from the market due to pressure from the Regulator.

The second version of the product launched by Discovery Health in 2000 had two-tier chronic medicine benefits (see Section 2.5). For all four options the lower tier had a monetary limit of R1 500 for a single member and R1 800 for a family. The higher tier was unlimited.

This second version was also removed from the market. The third version launched for 2000 no longer had the Select option. The other three options still had two-tier chronic medicine benefits. The lower tier remained unchanged from the version two product. However the higher tier limit on the Vital option was now R10 000 for a single member and R20 000 for a family. The other two options retained the unlimited higher tier. The higher tier benefits in this version were the same as the benefits offered in 1999.

In 2001 the Vital option was removed. The Essential and Classic options retained the two tier chronic medicine benefit, the only change being an increase in the lower tier limit. The new limit was R1 700 for a single member and R2 000 for a family. Three new options - Coastal Core, Foundation Core and Foundation Plus - were introduced. The Foundation Core option had the same limit as the lower tier limit for the Essential and Classic options. The Coastal Core option had a limit of R3 000 for a single member and R5 000 for a family. The Foundation Plus option makes use of a primary care clinic network to provide chronic medicine benefits.

3.4 Fedsure Health

The structure of the Fedsure Health options changed considerably from 1999 to 2001 making it difficult to compare chronic medicine benefits from one year to the next.

In 1999 Fedsure Health had five options. Of the five options three (60%) had unlimited chronic medicine benefits. The other two options had limits of R10 000 and R2 000 respectively.

In 2000 Fedsure Health had 15 options. Eleven of the 15 options (73%) had unlimited chronic medicine benefits. Two of the options had chronic medicine benefits with monetary limits of R10 000 per family per annum. The other two options made use of the Prime Cure network of clinics to provide chronic medicine benefits, subject to a limit of R10 000. Overall there was no reduction in chronic medicine benefits.

In 2001 Fedsure Health had eleven options. Of the eleven, four were options that were available in 2000. All four of these options experienced massive reductions in benefits as tabulated below.

Annual monetary limits on Fedsure Health chronic medicine benefits

	2000	2001
Prima 100	Unlimited	M: R5 000 M1+: R9 000
Ultima 200	Unlimited	M: R5 000 M1+: R9 000
Ultima 300	Unlimited	M: R8 000 M1+: R15 000
Ultima True Health	Unlimited	M: R8 000 M1+: R15 000

Of the other seven options, four had limits of R2 500 for a single member and R4 500 for a family. Two of the options had limits of R15 000 for a single member and R25 000 for a family. The seventh option provided unlimited chronic medicine benefits through a primary care clinic network.

Overall chronic benefits remained the same or increased from 1999 to 2000 and decreased substantially from 2000 to 2001.

3.5 OpenPlan Medical Scheme

There are nine options offered by OpenPlan Medical Scheme in 2001. Options not available in 2001 are not discussed.

3.5.1 The Essential and Providential ranges of options

The structure of chronic medicine benefits on the Essential and Essential Elite options changed between 1999 and 2000. The main difference in 2000 was that the overall limit was lower than in 1999 but that there was no sub-limit per beneficiary. In 2001, the structure and limits of chronic medicine benefits were changed back to the 1999 levels.

1999	2000	2001
Essential and Essential Elite	Essential and Essential Elite	Essential
R2 000 per beneficiary	M: R2 000 M1: R4 000 M2: R5 000 M3+: R6 000 (with no sub limit per beneficiary)	R2 000 per beneficiary

The effect of the change in structure is illustrated below:

	1999	2000	2001
Single member, chronically ill	R2 000	R2 000	R2 000
Member + 1 dependant, 1 chronically ill	R2 000	R4 000	R2 000
Member + 1 dependant, both chronically ill	R4 000	R4 000	R4 000
Member + 2 dependants, 1 chronically ill	R2 000	R5 000	R2 000
Member + 2 dependants, 2 chronically ill	R4 000	R5 000	R4 000
Member + 2 dependants, all chronically ill	R6 000	R5 000	R6 000
Member + 3 dependants, 1 chronically ill	R2 000	R6 000	R2 000
Member + 3 dependants, 2 chronically ill	R4 000	R6 000	R4 000
Member + 3 dependants, 3 chronically ill	R6 000	R6 000	R6 000
Member + 3 dependants, all chronically ill	R8 000	R6 000	R8 000

The Providential options experienced a similar change in structure.

1999	2000	2001
Providential and Providential Elite	Providential and Providential Elite	Providential
R4 000 per beneficiary	M: R5 000 M1: R8 000 M2: R11 000 M3+: R12000 (with no sub limit per beneficiary)	R4 000 per beneficiary

The structure of the Providential Plus options remained unchanged from 1999 to 2000. The limit increased from R6 000 per beneficiary in 1999 to R6 600 per beneficiary in 2000 and R7 000 per beneficiary in 2001.

3.5.2 The Principal range of options

In 1999 there were three Principal options – Principal Level 1, Principal Level 2 and Principal Plus. Principal Level 1 had a limit of R7 500 per family per annum, Principal Level 2 had a limit of R2 500 per family per annum and Principal Plus had a limit of R4 000 per beneficiary.

In 2000 Principal Level 1 and Principal Level 2 were replaced with Principal and Principal Basic respectively. Principal had a limit of R6 500 per family (less than Principal Level 1) and Principal Basic had a limit of R2 500 per family (the same as Principal Level 2).

In 2001 the structure of the Principal chronic medicine benefit changed. Instead of R6 500 per family the limit was R4 000 per beneficiary. This was an increase in benefits for all but single members. The limit on the Principal Basic option remained unchanged.

The Principal Plus option continued to be offered in 2000 and 2001. The structure of the chronic medicine benefit changed from 1999 to 2000 but reverted back to the original structure in 2001 with a higher limit.

1999	2000	2001
Principal Plus and Principal Plus Elite	Principal Plus and Principal Plus Elite	Principal Plus
R4 000 per beneficiary	M: R5 000 M1: R8 000 M2: R11 000 M3+: R12000 (with no sub limit per beneficiary)	R5 000 per beneficiary

3.5.3 The Primary and Medisaver ranges of options

The Primary range of options was introduced in 2000. Both the Primary and Primary Elite options provided chronic medicine benefits through Primary Care clinics. These two options were replaced by the Primary Plus option in 2001, however the chronic medicine benefit remained unchanged.

The Medisaver range of options was also introduced in 2000. Both the Medisaver and Medisaver Select options provided unlimited chronic medicine benefits and this remained unchanged in 2001.

3.6 Provia Medical Scheme

Provia Medical Scheme offers four options: Platinum, Gold, Silver and SilverCure. Of the four options, only two, Platinum and Gold, were available prior to 2001. For both of these options benefits were reduced in 2000 and remained unchanged in 2001.

3.6.1 Platinum and Gold

In 1999 both the Platinum and Gold options offered largely unlimited chronic medicine benefits, subject only to the overall major medical limits. In 2000 benefits were drastically reduced. The Gold option had a monetary limit of R12 000 per family imposed, with a sub-limit of R7 200 per beneficiary. The limit on the Platinum option was R20 000 per family per annum with a sub-limit of R12 000. In addition chronic medicine benefits were paid at medical scheme tariffs in 2000, whereas they were paid at cost in 1999. Benefits remained unchanged from 2000 to 2001.

3.6.2 Silver and SilverCure

The Silver and SilverCure options were introduced in 2001. The Silver option has a limit of R4 000 per family, with a sub-limit of R2 400 per beneficiary. The SilverCure provides chronic medicine through the Prime Cure network of primary care clinics.

3.7 Selfmed Medical Scheme

In 1999 Selfmed had three options namely the 80% option, MEDXXI and Hospital Plus A. The 80% option required a 20% co-payment but was unlimited. The MEDXXI option had no co-payments and was also unlimited. The Hospital Plus A option was subject to a sub-limit of R2 200 for a single member and R4 400 for a family.

In 2000 the Selfmed range increased to four options, namely the 80% option, MEDXXI, MEDXXI Comprehensive and Hospital. The 80% option still had a 20% co-payment in 2000, however a monetary limit was imposed. The chronic medicine benefit was limited to R5 000 for a single member and R10 000 for a family. A sub-limit was also imposed on the chronic medicine benefit for the MEDXXI option. The limit for this option was R20 000 per family with a sub-limit of R10 000 per beneficiary. The same benefit was offered on the MEDXXI Comprehensive and Hospital options.

In 2001 Selfmed retained the 80% option, MEDXXI and MEDXXI Comprehensive. The Hospital option was removed and replaced with MEDXXI Exec. The chronic medicine limit on the 80% option was increased from R10 000 for a family to R20 000 for a family (with a sub-limit of R10 000 per beneficiary).

A two-tier benefit design for chronic medicine benefits (see section 2.5) was employed for all of its MEDXXI options. All three of these options offered chronic medicine benefits as an optional extra benefit. This optional benefit was unlimited.

3.8 Topmed Medical Scheme

In 2001 Topmed Medical Scheme had eight options. Of the eight, three were available in 1999 and 2000, two were available in 2000 and three were new options. Options not available in 2001 are not discussed. Overall chronic medicine benefits decreased substantially from 1999 to 2000, but stayed the same or increased from 2000 to 2001.

3.8.1 Topmed 100%, Topmed 80% and Topmed Limited 100%

Topmed 100%, Topmed 80% and Topmed Limited 100% were available in 1999, 2000 and 2001. In 1999 all three options offered chronic medicine benefits without a monetary limit. In 2000 only Topmed 100% retained an unlimited chronic medicine benefit. Both Topmed 80% and Topmed Limited 100% had a limited of R5 000 for a single member and R10 000 for a family. The Topmed 100% and Topmed Limited 100% options remained unchanged in 2001. The limit on the Topmed 80% option increased to R10 000 for a single member and R20 000 for a family.

Topmed 80% had a 20% co-payment in 1999, 2000 and 2001.

3.8.2 Topmed Incentive Savings and Topmed Incentive Comprehensive

The Topmed Incentive Savings and Incentive Comprehensive options were both introduced in 2000 and replaced the Incentive option available in 1999. The Incentive option available in 1999 offered unlimited chronic medicine benefits. Both the Incentive Savings and Incentive Comprehensive options had monetary limits on chronic medicine benefits in 2000. The limit for a family was R20 000 per annum with a sub-limit of R10 000 per beneficiary. This limit remained unchanged in 2001.

3.8.3 Topmed Exec, Bophelo and Bophelo Network

The Exec option, Bophelo option and Bophelo Network option were all introduced in 2001. The Exec option has a limit of R10 000 per family per annum with a sub-limit of R5 000 per beneficiary. The Bophelo option has a very limited chronic medicine benefit, subject to the same limit as acute medicine. Bophelo network provides chronic medicine through a primary care clinic network.

4. Summary of Findings

In respect of 2001, information was collected for 32 schemes encompassing a total of 169 options. These options were categorised according to the type of chronic medicine benefit they provided. The mechanisms used to control or manage chronic medicine benefits, namely required benefit registration, chronic ailment lists, drug lists or formularies, preferred providers and levies and co-payments, were also noted.

The largest category of chronic medicine benefits was options that use monetary limits for chronic medicine.

- 61% of options were found to place monetary limits on chronic medicine benefits.
- A wide range of limits was found both in terms of level and structure. The average limit for a family of two adults and two children was found to be less than R1 000 per month.
- It was found that all the features of benefit design were used in conjunction with monetary limits, with 63% of options using more than two mechanisms.
- The most frequently used mechanism was required benefit registration, used in 77% of the options.

The second largest category of chronic medicine benefits was options that provide medicine through capitated agreements with primary care clinic networks.

- 18% of options fall into this category.
- All the features of chronic medicine benefit design were found in this category. 100% of options in this category make use of drug lists or formularies.
- Only one option in this category provided chronic medicine benefits subject to a monetary limit.

The third category was options that do not impose monetary limits and also do not make use of primary care clinics to provide chronic medicine.

- 9.5% of options fall into this category
- Mechanisms to manage and control costs were used less frequently in this category than in the two above, with no options using more than two mechanisms.

Two schemes, Discovery Health and Sanlam Health, fall into the fourth category of two-tiered optional chronic medicine benefits.

- These options make up less than 7% of all the options analysed.
- Contributions for the higher tier of benefits were found to more than 140% of the contributions for lower tier benefits for all options in this category.

The final category is options offering no chronic medicine benefits. Eight options, which equates to less than 6%, were found to fall into this category.

Data for eight schemes were collected in respect of 1999 and 2000. The following findings were made with respect to the evolution of the chronic medicine benefits provided by these schemes.

Two of the four options offered by Bonitas Medical Fund experienced a restructuring of chronic medicine benefits in 2000 and an increase in benefits in 2001. The other two, lower cost, options experienced an elimination of chronic medicine benefits.

Two of the seven Caremed Medical Scheme options experienced an increase in chronic medicine benefits from 1999 to 2000 and a subsequent sharp decrease in benefits from 2000 to 2001. The other five options were not available in 1999, but experienced drastic reductions in chronic medicine benefits from 2000 to 2001.

Discovery Health introduced two-tier chronic medicine benefits in 2000. Two of the new options offered in 2001 had monetary limits and one made use of a primary care network.

The Fedsure Health option range changed considerably over time making comparisons difficult. Overall chronic benefits remained the same or increased from 1999 to 2000 and decreased substantially from 2000 to 2001.

Two ranges of OpenPlan options experienced a change in the structure of benefits provided resulting in an increase for certain members and a decrease for others. One range experienced a change and an increase in benefits. For the two remaining ranges, introduced in 2000, benefits remained unchanged.

Of the four options offered by Provia Medical Scheme, only two, Platinum and Gold, were available prior to 2001. For both of these options benefits were reduced in 2000 and remained unchanged in 2001.

For the Selfmed Medical Scheme, benefits were reduced from 1999 to 2000. In 2001 a two-tiered benefit design was introduced for three of the four options. The limit on the fourth option was increased.

Overall for the Topmed Medical Scheme chronic medicine benefits decreased substantially from 1999 to 2000, but stayed the same or increased from 2000 to 2001.

Changes in benefits are difficult to quantify and are affected by changes in the range of options offered by schemes.

All options with the exception of Topmed 100% and the OpenPlan Primary and Medisaver ranges experienced restructuring or reductions in chronic medicine benefits. These reductions were often significant.

Appendix A: Open Medical Scheme Information Obtained

Scheme	Administrator	Options covered
Allcare Medical Aid Scheme	Allcare	Allcare
		Chamber Optimum
		Chamber Nugen
		Chamber Budget
Bestmed Medical Scheme	Bestmed	Topcare
		Millenium Standard
		Millenium Comprehensive
Bonitas Medical Fund	Medscheme	Standard
		Elite
		Bonsave
		Primary
Cape Medical Plan	Cape Medical Plan	Mediflex
Caremed Medical Scheme	Old Mutual Healthcare	Essential
		Standard
		Advanced
		Classic
		Select
		Comprehensive
Discovery Health Medical Scheme	Discovery Health	Classic Core Standard
		Classic Core Max
		Classic Comprehensive Standard
		Classic Comprehensive Max
		Essential Core Standard
		Essential Core Max
		Essential Comprehensive Standard
		Essential Comprehensive Max
		Foundation Core
		Foundation Plus
		Coastal Core
Fedsure Health	Fedsure Health	Ultimax
		Ultima 300
		Ultima True Health
		Ultima Medicross
		Ultima 200
		Ultima 150

		Primax
		Prima 100
		Larona New Generation
		Larona Traditional
		Larona Prime Cure
Gen-Health Medical Scheme	Hall Administrators	Low Option
		High Option
Genesis Medical Scheme	Genesis	Plan A
		Plan B
Ingwe Health Plan	Ingwe	Classic
		Hospital
		Capitation Prime Cure
		Capitation CareCross
		Capitation Medicross
Medihelp	Medihelp	Sentinel 100
		Sentinel 80
		Sentinel Basic
		Nucleus
		Dimension Core
		Dimension Vital
		Dimension 100
Medimed Medical Scheme	Medscheme	Delta Plus
		Managed Care Level 1 (Medicross)
		Managed Care Level 2 (ECIPA, UDIPA)
		Managed Care Level 3 (PrimeCure)
Medshield Medical Scheme	Medscheme	MaxiGold
		Maxi-Elite
		MaxiPlus
		MaxiBase
Minemed Medical Scheme	Providence	Doctor Network
		Medical Centre
		Hospital and Chronic Medicines
MSP/Sizwe Medical Fund	Sizwe Medical Services	Primary Care
		Primary Plus
		Affordable
		Affordable Plus
		Full Budget
		Super 100
		Ecipamed

		MediCross
		Prime Cure
		Incentive
		Elite Incentive
		Hospital
		Netcare Essential
Munimed	Munimed	Alpha
		Sigma
		Omega
NatalMed	NatalMed	Silver
		Gold
		Platinum
National Independent Medical Aid Society (NIMAS)	NIMAS	Premium Core, Premium Day-to-Day
		Premium Core, Optimum Day-to-Day
		Premium Core, Quantum Day-to-Day
		Premium Core, Medicross Day-to-Day
		Optimum Core, Premium Day-to-Day
		Optimum Core, Optimum Day-to-Day
		Optimum Core, Quantum Day-to-Day
		Optimum Core, Medicross Day-to-Day
		Quantum Core, Premium Day-to-Day
		Quantum Core, Optimum Day-to-Day
		Quantum Core, Quantum Day-to-Day
		Quantum Core, Medicross Day-to-Day
National Medical Plan	Sovereign Health	Comprehensive
		Gold
		Economy
		Incentive
		Incentive Plus
		Medicross Gold
		Prime Cure

Omnihealth Medical Scheme	Medscheme	OMNIcare
		OMNIplus
		OMNIcore
		OMNInew.gen
		OMNIsave
		OMNItop
Methealth OpenPlan Medical Scheme	Metropolitan Health	Essential
		Primary Plus
		Principal Basic
		Principal
		Principal Plus
		Providential
		Providential Plus
		Medisaver
		Medisaver Select
Phila Medical Scheme	Medscheme	Phila
ProCure Medical Scheme	Liberty Healthcare	Essence
		Essence Network
		Elite
Protea Medical Aid Society	Status	Plan 1
		Plan 2
		Plan 5
Protector Health	Protector Group Administrators	Flexicare Plus
		Flexicare
		Familycare Plus
		Familycare
		HMO Plus
		HMO
		Primary Plus
Primary		
Provia Medical Scheme	Liberty Healthcare	Gold
		Platinum
		Silver
		SilverCure
Resolution Health Medical Scheme	Health Services Trust	Progressive
		Fundamental
		Prestige

Selfmed Medical Scheme	Metropolitan Health	80%
		MEDXXI
		MEDXXI Comprehensive MEDXXI Exec
Spectramed	Rowan & Angel	Spectra Plus
		Spectra Elite
		Select Gold
		Select Platinum
		Spectra Hospital
		Spectra Alliance Spectra Advanced
Topmed Medical Scheme	Metropolitan Health	100%
		80%
		Limited 100%
		Incentive Savings Plan
		Incentive Comprehensive Plan
		Exec
		Bophelo Bophelo Network
Visimed Medical Scheme	Old Mutual Healthcare	Mercury
		Venus
		Mars
		Jupiter
Vulamed	Sovereign Health	Basic
		Standard
		Advanced
32 schemes	23 administrators	169 options

Appendix B: Open Medical Scheme Information Obtained In Respect of 1999 and 2000

Scheme	Administrator
Bonitas Medical Fund	Medscheme
Caremed Medical Scheme	Old Mutual Healthcare
Discovery Health Medical Scheme	Discovery Health
Fedsure Health	Fedsure Health
Methealth OpenPlan Medical Scheme	Metropolitan Health
Provia Medical Scheme	Liberty Healthcare
Selfmed Medical Scheme	Metropolitan Health
Topmed Medical Scheme	Metropolitan Health

Appendix C: Open Medical Scheme Options Divided By Type of Chronic Medicine Benefit

1. Options with Monetary Limits for Chronic Medicine

Allcare Medical Aid Scheme	Allcare
	Chamber Optimum
	Chamber Nugen
	Chamber Budget
Bestmed Medical Scheme	Topcare
	Millennium Standard
	Millennium Comprehensive
Bonitas Medical Fund	Standard
	Elite
Cape Medical Plan	Mediflex
Caremed Medical Scheme	Essential
	Standard
	Advanced
	Classic
	Select
	Comprehensive
	Optimum
Discovery Health Medical Scheme	Foundation Core
	Coastal Core
Fedsure Health	Ultimax
	Ultima 300
	Ultima True Health
	Ultima 200
	Ultima 150
	Primax
	Prima 100
	Larona New Generation
	Larona Traditional
Gen-Health Medical Scheme	Low Option
	High Option
Genesis Medical Scheme	Plan A
	Plan B
Ingwe Health Plan	Classic
Medihelp	Sentinel Basic
Medimed Medical Scheme	Delta Plus
Medshield Medical Scheme	Maxigold
	Maxi-elite
	MaxiPlus
	MaxiBase

MSP/Sizwe Medical Fund	Primary Care
	Primary Plus
	Affordable
	Affordable Plus
	Full Budget
	Super 100
	Elite Incentive
	Netcare Essential
Munimed	Sigma
	Omega
NatalMed	Silver
	Gold
	Platinum
National Independent Medical Aid Society (NIMAS)	Premium Core, Premium Day-to-Day
	Premium Core, Optimum Day-to-Day
	Premium Core, Quantum Day-to-Day
	Premium Core, Medicross Day-to-Day
	Optimum Core, Premium Day-to-Day
	Optimum Core, Optimum Day-to-Day
	Optimum Core, Quantum Day-to-Day
	Optimum Core, Medicross Day-to-Day
	Quantum Core, Premium Day-to-Day
	Quantum Core, Optimum Day-to-Day
	Quantum Core, Quantum Day-to-Day
	Quantum Core, Medicross Day-to-Day
Omnihealth Medical Scheme	OMNIplus
	OMNIcore
	OMNInew.gen
	OMNIsave
Methealth OpenPlan Medical Scheme	Essential
	Principal Basic
	Principal
	Principal Plus
	Providential
	Providential Plus
Phila Medical Scheme	Phila
ProCure Medical Scheme	Essence
	Elite
Protea Medical Aid Society	Plan 1
	Plan 2
	Plan 5
Protector Health	Flexicare
	Familycare Plus
	Familycare
	HMO
Provia Medical Scheme	Silver
	Gold

	Platinum
Resolution Health Medical Scheme	Progressive
	Fundamental
	Prestige
Selfmed Medical Scheme	80%
Spectramed	Spectra Plus
	Spectra Elite
	Spectra Advanced
Topmed Medical Scheme	80%
	Limited 100%
	Incentive Savings Plan
	Incentive Comprehensive Plan
	Exec
	Bophelo
Visimed Medical Scheme	Venus
	Mars
	Jupiter

2. Chronic Medicine Provided by a Primary Care Clinic

Discovery Health Medical Scheme	Foundation Plus
Fedsure Health	Ultima Medicross
	Larona Prime Cure
Ingwe Health Plan	Capitation Prime Cure
	Capitation CareCross
	Capitation Medicross
Medihelp	Dimension Core (Only if Medicross option selected)
	Nucleus
Medimed Medical Scheme	Managed Healthcare Level 1
	Managed Healthcare Level 2
	Managed Healthcare Level 3
Minemed Medical Scheme	Medical Centre
	Doctor Network
	Hospitalisation & Chronic Med
MSP/Sizwe Medical Fund	Ecipamed
	MediCross
	Prime Cure
National Medical Plan	Prime Cure
Omnihealth Medical Scheme	OMNIcare
Methealth OpenPlan Medical Scheme	Primary Plus
ProCure Medical Scheme	Essence Network
Protector Health	Primary Plus
	Primary
Provia Medical Scheme	SilverCure
Spectramed	Select Gold

	Select Platinum
	Spectra Alliance
Topmed Medical Scheme	Bophelo Network
Vulamed	Basic
	Standard
	Advanced

3. Options With No Limits On Chronic Medicine

Medihelp	Sentinel 80
	Sentinel 100
	Dimension 100
	Dimension 100
Munimed	Alpha
National Medical Plan	Comprehensive
	Gold
	Economy
	Incentive
	Incentive Plus
	Medicross Gold
Omnihealth Medical Scheme	OMNItop
Methealth OpenPlan Medical Scheme	Medisaver
	Medisaver Select
Protector Health	Flexicare Plus
	HMO Plus
Topmed Medical Scheme	100%

4. Two-tiered Optional Chronic Medicine Benefits

Discovery Health Medical Scheme	Classic Core Standard
	Classic Core Max
	Classic Comprehensive Standard
	Classic Comprehensive Max
	Essential Core Standard
	Essential Core Max
	Essential Comprehensive Standard
	Essential Comprehensive Max
Selfmed Medical Scheme	MEDXXI
	MEDXXI Comprehensive
	MEDXXI Exec

5. Options with No Chronic Medicine Benefits

Bonitas Medical Fund	Bonsave
	Primary
Ingwe Health Plan	Hospital
Medihelp	Dimension Vital
MSP/Sizwe Medical Fund	Incentive
	Hospital
Spectramed	Spectra Hospital
Visimed Medical Scheme	Mercury

Appendix D: Chronic Medicine Monetary Limits For a Family of Two Adults and Two Children

Allcare Medical Aid Scheme	Allcare	R20000
	Chamber Optimum	R5000
	Chamber Nugen	R10000
	Chamber Budget	R3500
Bestmed Medical Scheme	Topcare	R20000
	Millennium Standard	R10000
	Millennium Comprehensive	R10000
Bonitas Medical Fund	Standard	R40 000
	Elite	R60 000
Cape Medical Plan	Mediflex	R600 - R9000
Caremed Medical Scheme	Essential	R2650
	Standard	R3900
	Advanced	R1600
	Classic	R15 000
	Select	R1600
	Comprehensive	R1600
	Optimum	R3200
Discovery Health Medical Scheme	Foundation Core	R2200
	Coastal Core	R5000
Fedsure Health	Ultimax	R25 000
	Ultima 300	R15 000
	Ultima True Health	R15 000
	Ultima 200	R9 000
	Ultima 150	R4 500
	Primax	R25 000
	Prima 100	R9 000
	Larona New Generation	R4 500
	Larona Traditional	R4 500
Gen-Health Medical Scheme	Low Option	R2750
	High Option	R2750
Genesis Medical Scheme	Plan A	R500000
	Plan B	R500000
Ingwe Health Plan	Classic	R10 000
Medihelp	Sentinel Basic	R20000
Medimed Medical Scheme	Delta Plus	R22000
Medshield Medical Scheme	Maxigold	R36000
	Maxi-elite	R21000
	MaxiPlus	R10000
	MaxiBase	R10000
MSP/Sizwe Medical Fund	Primary Care	R8 000
	Primary Plus	R8 000
	Affordable	R12 000
	Affordable Plus	R12 000
	Full Budget	R24 000
	Super 100	R40 000
	Elite Incentive	R20 000
	Netcare Essential	R1275

Munimed	Sigma	R4 000
	Omega	R10 000
NatalMed	Silver	R2400
	Gold	R10600
		R5300
	Platinum	R20000
		R10000
National Independent Medical Aid Society (NIMAS)	Premium Core, Premium Day-to-Day	R1200 in year 1, R5760 thereafter
	Premium Core, Optimum Day-to-Day	R1200 in year 1, R5760 thereafter
	Premium Core, Quantum Day-to-Day	R1200 in year 1, R5760 thereafter
	Premium Core, Medicross Day-to-Day	R1200 in year 1, R5760 thereafter
	Optimum Core, Premium Day-to-Day	R1000 in year 1, R4797 thereafter
	Optimum Core, Optimum Day-to-Day	R1000 in year 1, R4797 thereafter
	Optimum Core, Quantum Day-to-Day	R1000 in year 1, R4797 thereafter
	Optimum Core, Medicross Day-to-Day	R1000 in year 1, R4797 thereafter
	Quantum Core, Premium Day-to-Day	R300, R1437
	Quantum Core, Optimum Day-to-Day	R300, R1438
	Quantum Core, Quantum Day-to-Day	R300, R1439
	Quantum Core, Medicross Day-to-Day	R300, R1440
	Omnihealth Medical Scheme	OMNIplus
OMNIcore		R3 400
OMNInew.gen		R24 000
OMNIsave		R3 600
Methealth OpenPlan Medical Scheme	Essential	R8 000
	Principal Basic	R2 500
	Principal	R16 000
	Principal Plus	R20 000
	Providential	R20 000
	Providential Plus	R28 000
Phila Medical Scheme	Phila	R12 000
ProCure Medical Scheme	Essence	R 4,000
	Elite	R 5,000
Protea Medical Aid Society	Plan 1	R6500
	Plan 2	R8000
	Plan 5	R3750
Protector Health	Flexicare	R10000
	Familycare Plus	R7200
	Familycare	R4500
	HMO	R7200
Provia Medical Scheme	Silver	R4000
	Gold	R12 000
	Platinum	R20 000

Resolution Health Medical Scheme	Progressive	R3 000
	Fundamental	R20 000
	Prestige	R50 000
Selfmed Medical Scheme	80%	R20 000
Spectramed	Spectra Plus	R35 000
	Spectra Elite	R8 000
	Spectra Advanced	R3 000
Topmed Medical Scheme	80%	R20 000
	Limited 100%	R10 000
	Incentive Savings Plan	R20 000
	Incentive Comprehensive Plan	R20 000
	Exec	R10 000
	Bophelo	R1 600
Visimed Medical Scheme	Venus	R2200
	Mars	R6000
	Jupiter	R12000

Appendix E: Contributions for two-tier chronic medicine benefits

1. Selfmed Medical Scheme

	Family of 4	cost of option including relative to option excluding chronic medication benefit	contribution for chronic medication benefit as % of total contribution
MEDXXI			
Without Chronic benefit	R 925.00		
With Chronic benefit	R 1,700.00	184%	46%
MEDXXI Comprehensive			
Without Chronic benefit	R 1,375.00		
With Chronic benefit	R 2,150.00	156%	36%
MEDXXI Exec			
Without Chronic benefit	R 1,855.00		
With Chronic benefit	R 2,630.00	142%	29%
Average		161%	37%

2. Discovery Health Medical Scheme

	Family of 4	cost of option including relative to option excluding chronic medication benefit	contribution for chronic medication benefit as % of total contribution
Classic Core Standard	R 1,132.00		
Classic Core Max	R 1,797.00	159%	37%
Classic Comprehensive Standard	R 1,568.00		
Classic Comprehensive Max	R 2,233.00	142%	30%
Essential Core Standard	R 942.00		
Essential Core Max	R 1,607.00	171%	41%
Essential Comprehensive Standard	R 1,389.00		
Essential Comprehensive Max	R 2,054.00	148%	32%
		155%	35%



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