



ANNUAL GENERAL MEETING

CHARLOTTE MBEWU
PRINCIPAL OFFICER

27 JUNE 2024



Ensuring value

for our members



01

CURRENT LANDSCAPE FOR MEMBERS AND THE SCHEME

Macro-economic effects and regulatory changes in an evolving landscape



02

ENSURING THE SUSTAINABILITY OF THE SCHEME

Financial strength, ability to pay claims and long-term sustainability are crucial to our members



03

GUARANTEEING SUPERIOR QUALITY AND VALUE FOR MEMBERS

Delivering the highest quality of care for our members at every stage of life



04

REGULATORY AND GOVERNANCE EXCELLENCE

Strong focus on governance excellence, risk management and regulatory compliance



05

2024 AND BEYOND

Enhancing the healthcare outcomes and experience of members in 2024 and beyond

CURRENT LANDSCAPE

FOR MEMBERS AND MEDICAL SCHEMES



MEDICAL SCHEME CONTEXT



- Affordability pressures
- Muted industry growth
- Continued consolidation



HEALTHCARE INDUSTRY PRESSURES



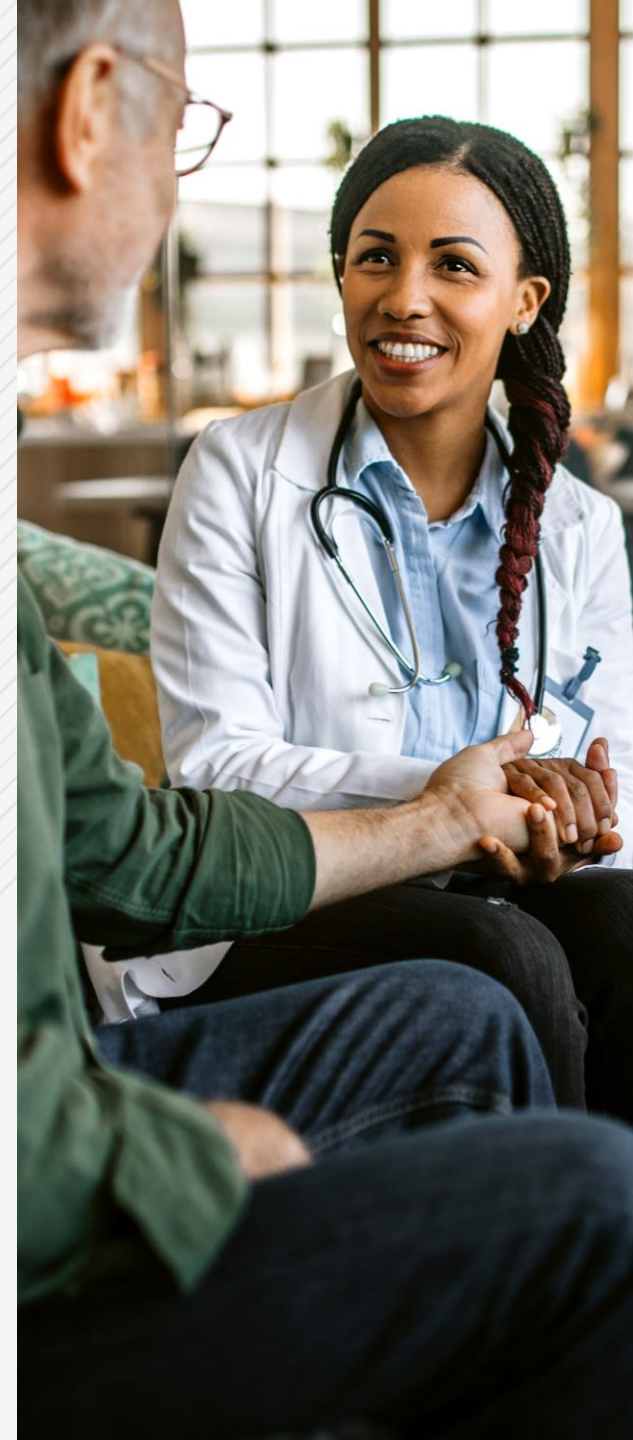
- Aging membership
- Increasing disease burden
- Increasing prevalence of mental health conditions



REGULATORY CHANGES AFFECTING MEDICAL SCHEMES



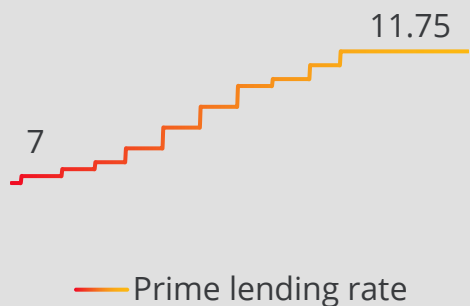
- National Health Insurance
- Low-Cost Benefit Options
- Prescribed Minimum Benefits review



OPERATING LANDSCAPE FOR MEMBERS AND MEDICAL SCHEMES

AFFORDABILITY PRESSURES

Peaking interest rates increasing affordability pressures



High debt burden

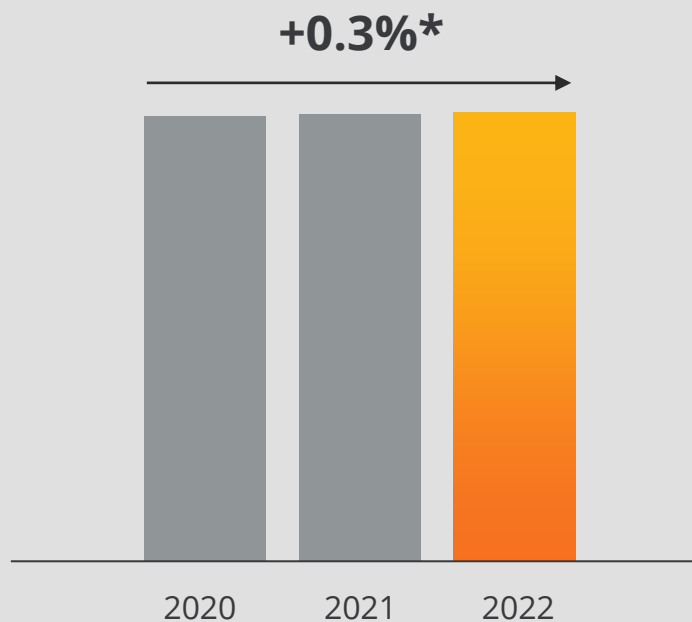


The average debt-active South African pays half their income to service debt

Source: Eighty20 Credit Stress Report Q4 2023

MUTED INDUSTRY GROWTH

Total beneficiaries open medical schemes

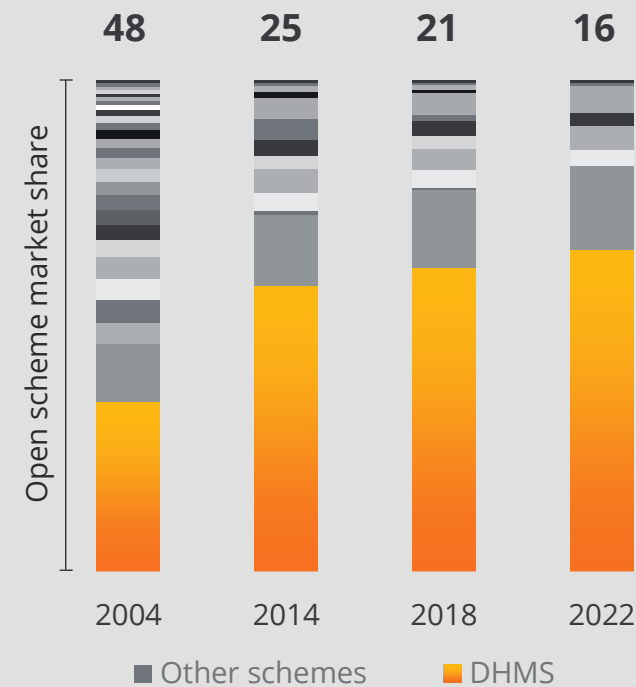


*Excludes new lives gained from NMAS merger

Source: CMS industry reports

CONTINUED CONSOLIDATION AND FLIGHT TO QUALITY

Number of open medical schemes in South Africa

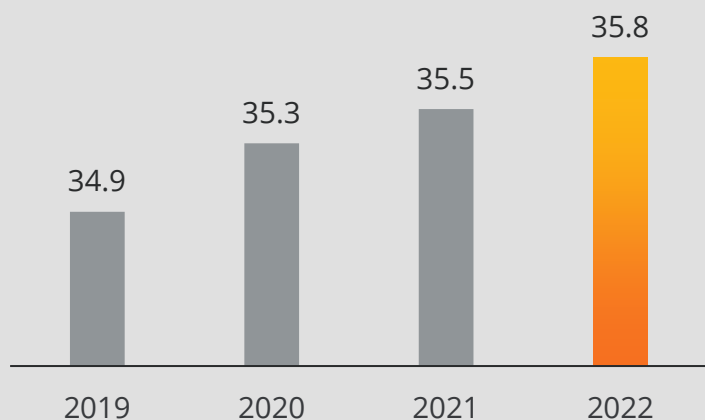


Source: CMS industry reports

HEALTHCARE INDUSTRY PRESSURES FACED BY MEDICAL SCHEMES

AVERAGE AGE OF INDUSTRY OVER TIME

Average age open medical schemes



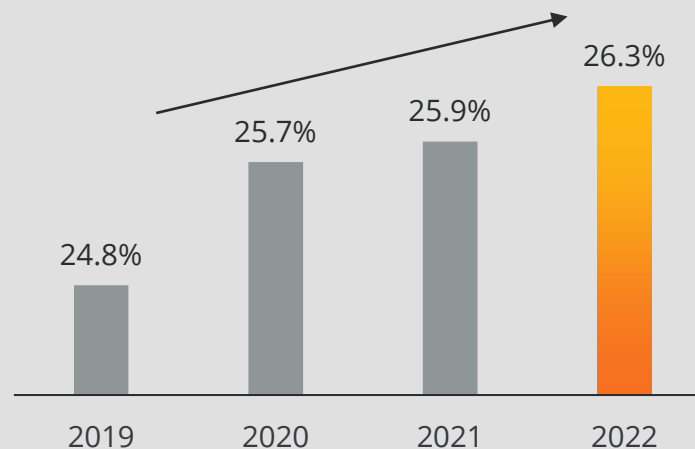
0.3 yrs Average age increase for all open medical schemes

Schemes will age each year if no new, younger members join

Source: CMS industry report 2022

INCREASED DISEASE BURDEN

Chronic ratio open medical schemes

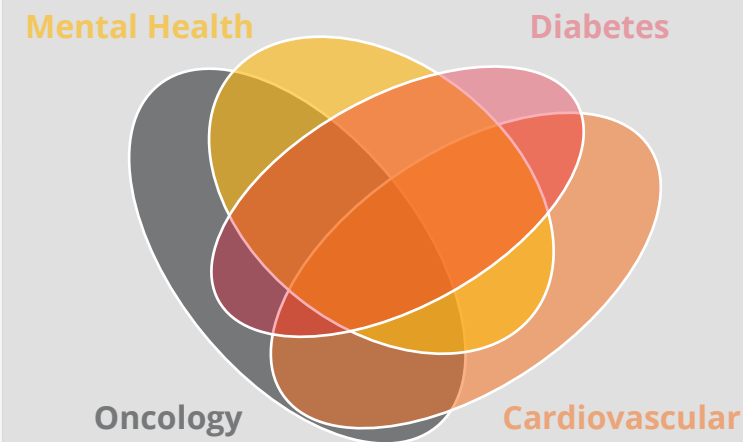


Year-on-year increase in the chronic ratio of open medical schemes

Source: CMS industry report 2022

OVERLAP OF CHRONIC CONDITIONS

DHMS members living with chronic conditions





2.1x Increase in members living with mental health illness and other chronic conditions since 2013

Source: DHMS internal data


DHMS IS COMMITTED TO CONTINUED ENGAGEMENT WITH POLICYMAKERS TO FIND A WORKABLE SOLUTION FOR THE BENEFIT OF ALL SOUTH AFRICANS


DHMS POSITION


 DHMS supports universal health coverage and the need to ensure equitable access to healthcare for all.


 DHMS will continue to defend the rights of members and their ability to access care.

CORE CHALLENGES WITH NHI ACT


 Funding of the NHI


 Legal challenges


 Implementation challenges

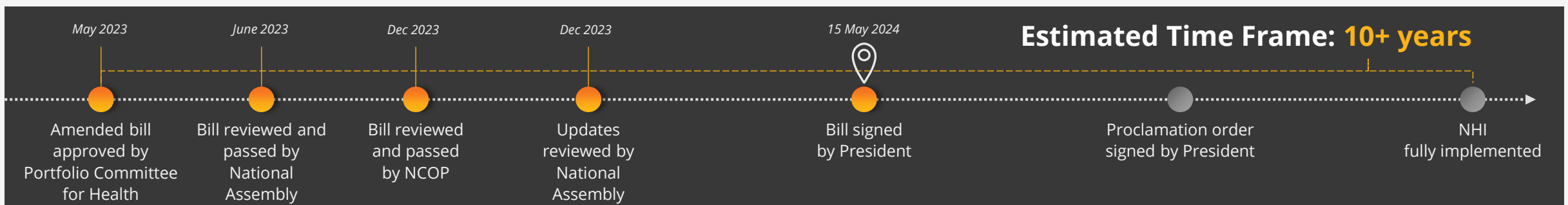
 Role of medical schemes

LOOKING AHEAD

 No impact on membership or benefits for the foreseeable future

 Multiple legal challenges expected to test lawfulness and constitutionality of the NHI Act

 LCBO framework an integrative approach to universal health coverage



ROLE OF MEDICAL SCHEMES | SECTION 33 OF NHI ACT

Section 33: “**Once** National Health Insurance has been fully implemented as determined by the Minister through regulations in the *Gazette*, medical schemes may only offer **complementary cover** to services not reimbursable by the Fund.”

01



Until the NHI is fully implemented, **there are no restrictions on medical schemes**

02



When it is fully implemented, complementary cover may be added – **key question: how comprehensive will NHI be?**



COMMITTEE ESTABLISHED FOR REVIEW OF PRESCRIBED MINIMUM BENEFITS



Reference: PMB Review Progress Update
 Contact person: Dr Samantha Iysloo
 Tel: (012) 431 0500
 E-mail: pmbreview@medicalschemes.co.za
 Date: 19 April 2023

Circular 15 of 2023: Update on the Review of the Prescribed Minimum Benefits

1. Purpose

1.1 The Council for Medical Schemes (CMS) would like to update stakeholders on the status of the Prescribed Minimum Benefits (PMBs) review project.

2. Background

2.1 According to the Medical Schemes Act (131 of 1998), PMBs should undergo a review at least every two years. The previous PMB review was submitted to the National Department of Health (NDoH) for approval. However, the Minister of Health did not endorse it, as it lacked a primary health care (PHC) element.

2.2 To overcome the deficiencies and drawbacks identified above, the primary focus of the current PMB review has been on the inclusion of the PHC service benefits package as depicted in Table 1 below.

Primary Health care package	Hospital level package
Preventative services	Inpatient education packages
Maternal and neonatal services	Maternal and neonatal services
Child health services	Child health services
Curative services	Curative services
Mental health services	Mental health services
Diagnostic: laboratory services	Diagnostic: laboratory services
Diagnostic: imaging services	Diagnostic: imaging services
Pharmaceutical services	Pharmaceutical services
Emergency medical services	Emergency medical services
Palliative services	Palliative services

Table 1: List of services considered for PHC



According to the Medical Schemes Act, **Prescribed Minimum Benefits (PMBs) should undergo review at least every 2 years.**



As communicated in Circular 15 of 2023, the current PMB review is focused on establishing a **primary health care benefits package of services.**



In November 2023 the CMS announced the **re-establishment of the Prescribed Minimum Benefits Advisory Committee (BAC)**, a multidisciplinary team required to advance the current PMB review process.

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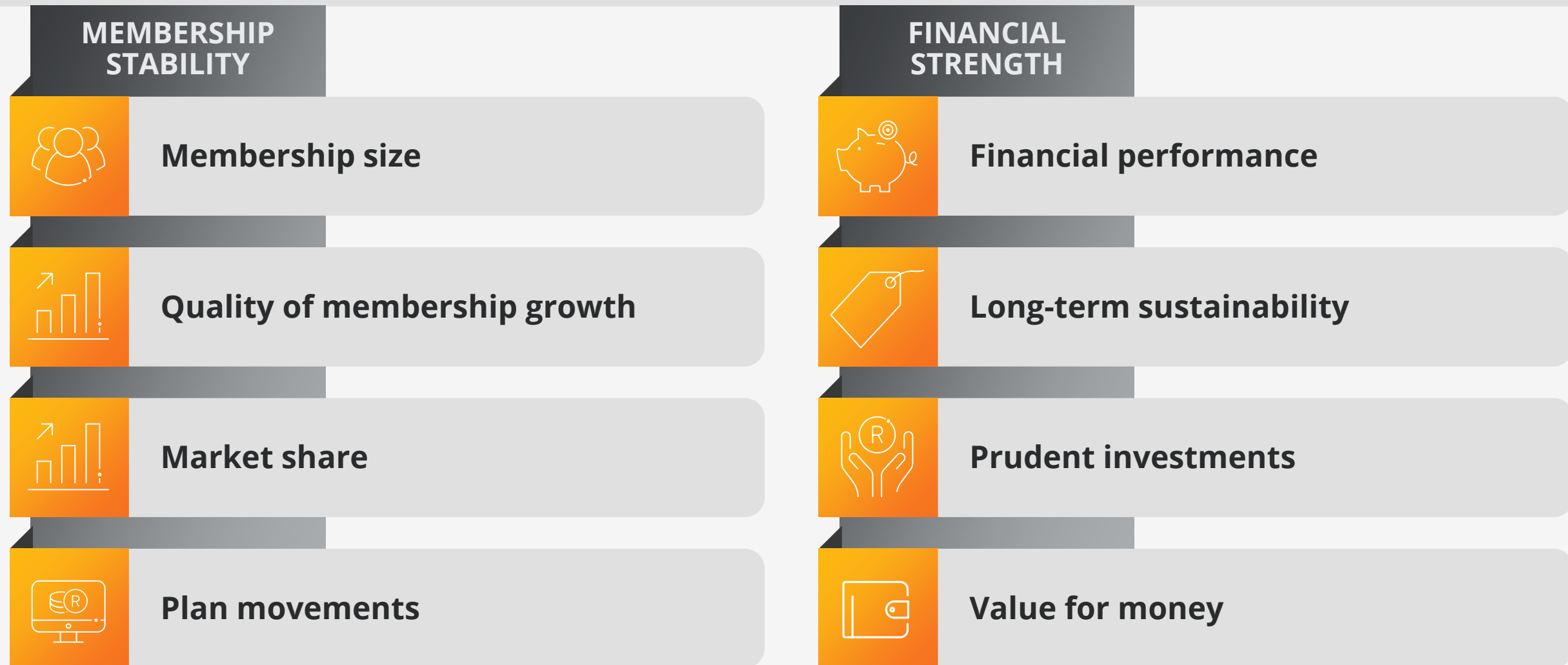
05

2024 AND BEYOND

Enhancing the healthcare outcomes and experience of members in 2024 and beyond

HOW DO WE ENSURE WE ARE HERE FOR OUR MEMBERS, TOMORROW AND IN THE FUTURE?

We measure key metrics for a sustainable medical scheme:

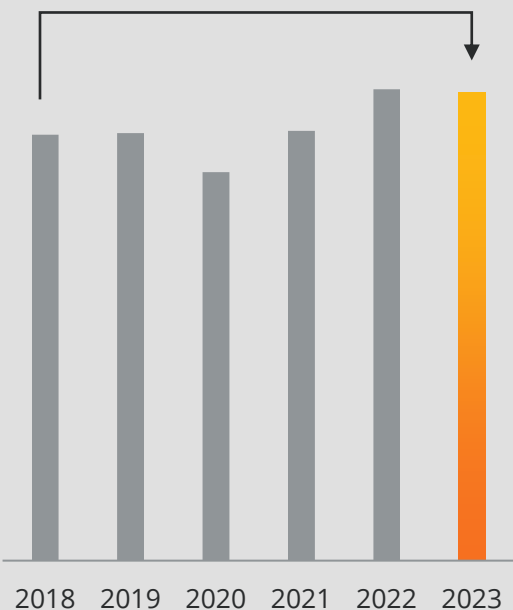


DISCOVERY HEALTH MEDICAL SCHEME CONTINUES TO ATTRACT HIGH QUALITY, HEALTHY GROWTH

STABLE MEMBERSHIP

DHMS principal members

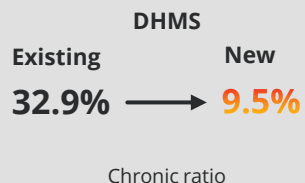
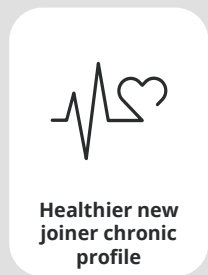
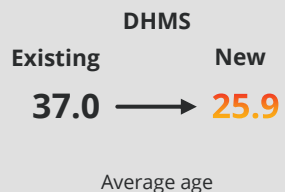
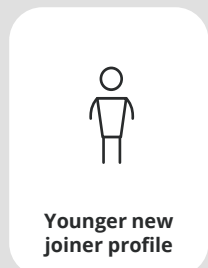
+1.7%



Source: DHMS internal data

HEALTHY NEW GROWTH

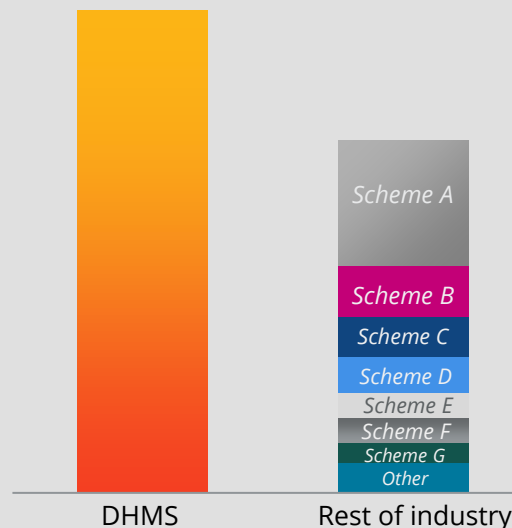
Young and healthy new joiner profile



SCHEME OF CHOICE

Market share open medical scheme

57.8%

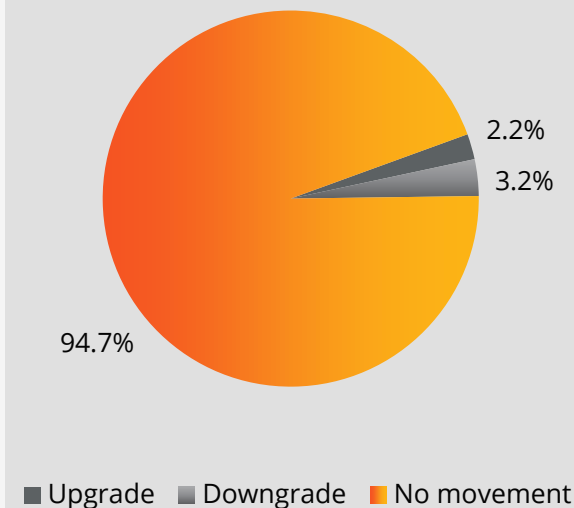


6 out of 10 people choose Discovery Health Medical Scheme

Source: CMS industry report 2022

BENEFIT DESIGN MEETING MEMBER NEEDS

Majority of members don't move plans

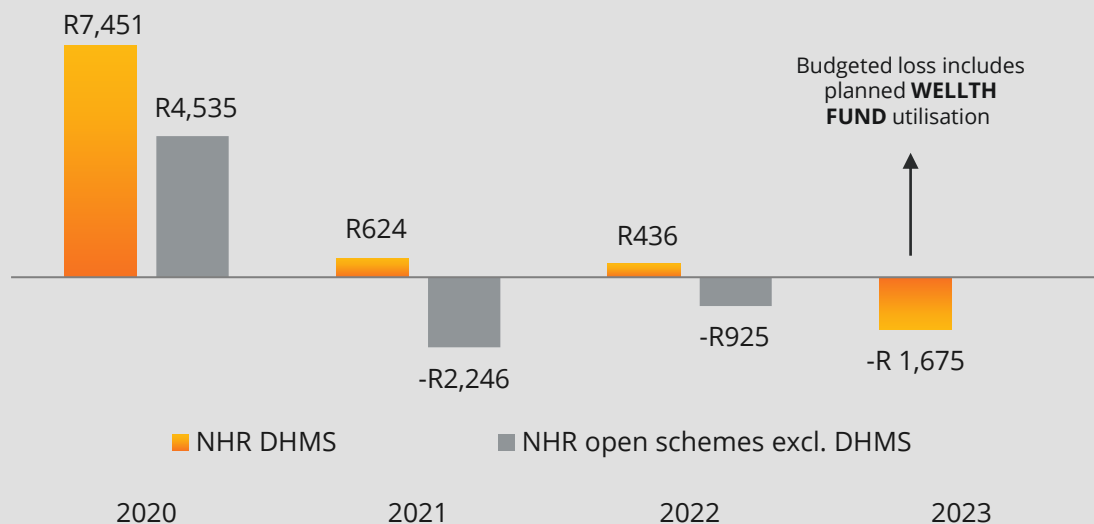


Low movement between plans indicates member satisfaction, appropriate benefit design and pricing (Jan 23-24)

DHMS CONTINUES TO PROVIDE CERTAINTY AND STABILITY

DHMS IS IN A ROBUST FINANCIAL POSITION

Net healthcare result (NHR)* adjusted for increase deferrals** (R'm)



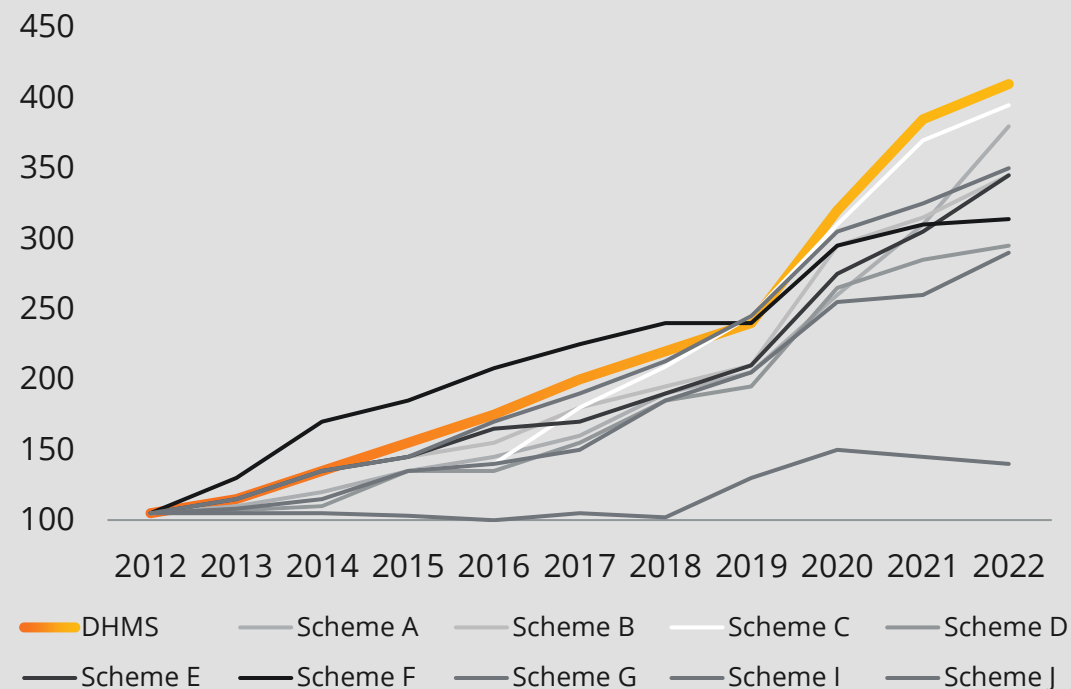
30.6%
Solvency

R27.2bn
Reserves

AAA
Credit rating

DHMS MOST SUSTAINABLE OPEN SCHEME IN THE INDUSTRY IN 2023

Most sustainable open medical scheme
2023/2024 Alexforbes Medical Schemes Sustainability Index

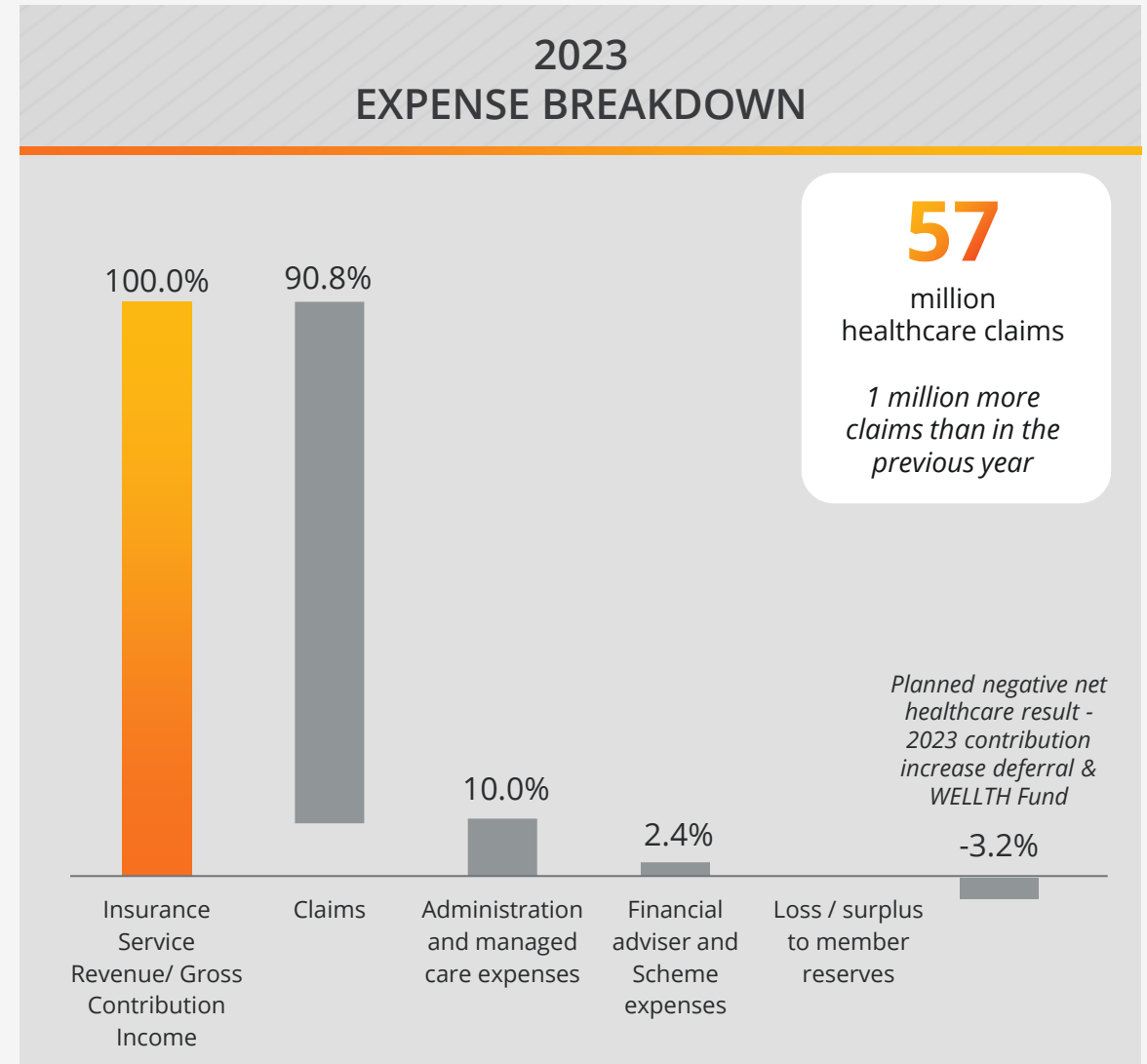
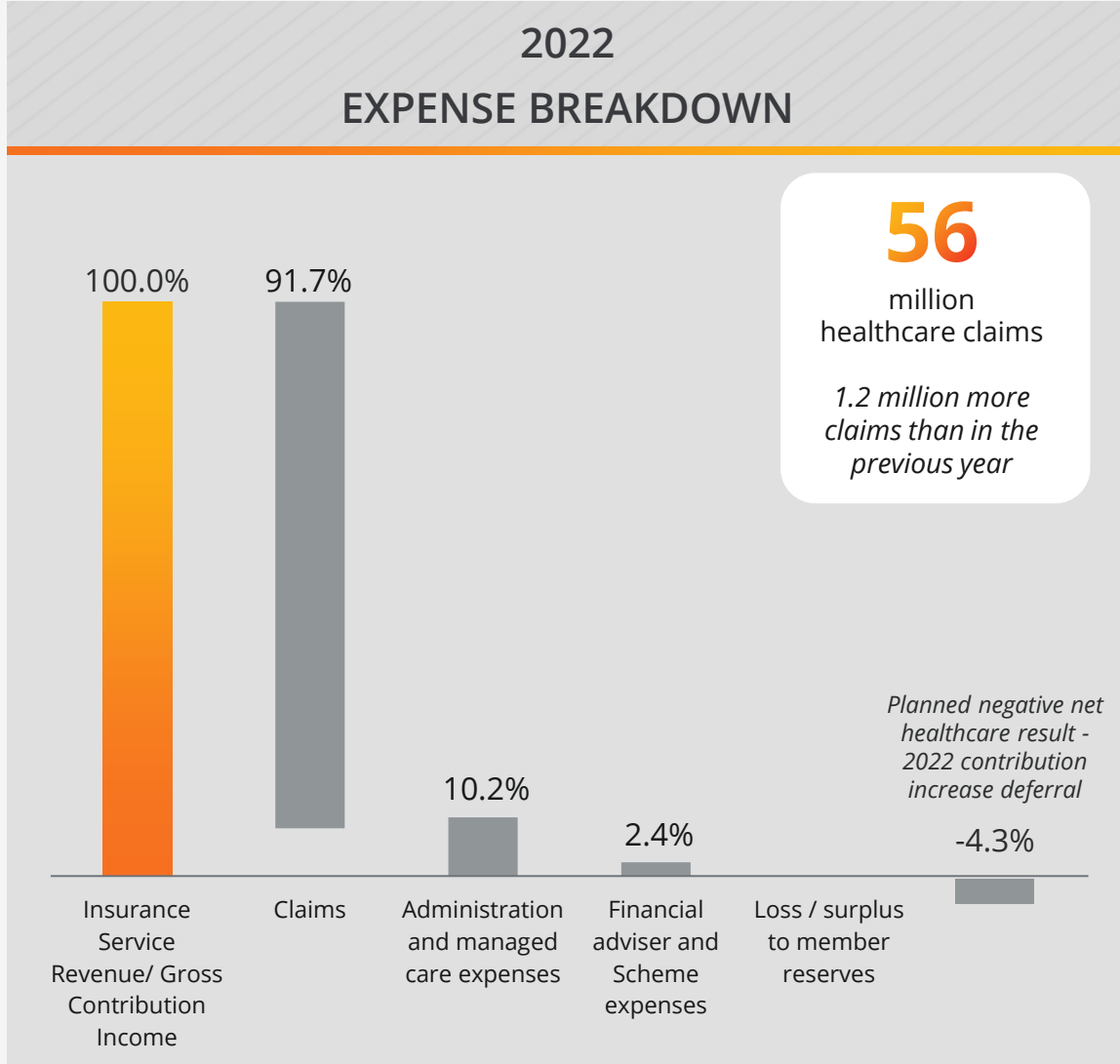


Note: Latest figures available as per CMS Industry Report 2022

* Under IFRS 17, 2023 NHR calculated as Total Insurance Service Result minus amounts attributable to future members, other admin fees and other operating expenses

** adopted a contribution increase deferral strategy in 2021, 2022 and 2023, to support member affordability. This approach saved DHMS members approximately R8.5 billion in contributions over the three years.

MAJORITY OF CONTRIBUTION INCOME USED TO COVER THE COST OF CLAIMS



INDUSTRY-WIDE INTRODUCTION OF IFRS17 ACCOUNTING STANDARDS

WHAT IFRS17 MEANS FOR MEDICAL SCHEMES

IFRS17 is a new accounting standard effective from 1 January 2023 for insurance contracts and thus **all medical schemes in South Africa**



IFRS17 introduces changes to terminology and presentation of financial statements, but there are **no changes which affect member interests**



The **nature, operating model and processes of DHMS remain unchanged**



There have been **no changes to regulatory or legislative requirements for medical schemes**

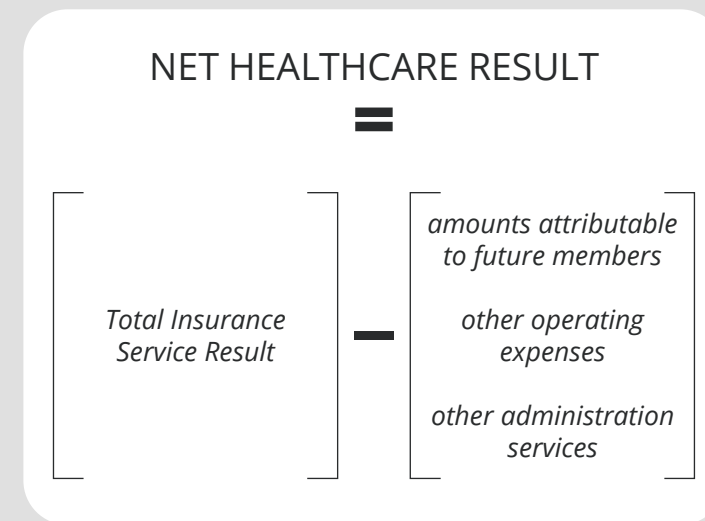
CHANGES IN TERMINOLOGY

Key changes to reporting terminology for medical schemes include:



IFRS 4	IFRS 17
Accumulated funds	Insurance liability to future members
Outstanding claims provision	Insurance contract liability
Personal Medical Savings Account liabilities	Insurance contract liability
Incurred But Not Yet Reported (IBNR)	Insurance for Incurred Claims (LIC)
Risk contribution income	Insurance revenue
Relevant healthcare expenditure	Insurance service expense
Net healthcare result	Insurance service result

CHANGE IN PRESENTATION OF OPERATING PERFORMANCE



2023 DHMS FINANCIAL HIGHLIGHTS

The Scheme remains financially secure

Financial position at 31 December 2023

Measure	2022 (R '000)	2023 (R '000)
Non-current assets	24,348,071	25,022,693
Current assets	12,512,461	12,281,727
TOTAL ASSETS	36,860,532	37,304,420
Non-current liabilities	25,292,164	26,924,615
Insurance liability to future members*	25,284,429	26,919,793
Current liabilities	11,568,368	10,379,805
Total liabilities	36,860,532	37,304,420

*Insurance liability to future members formerly known as 'Accumulated member funds' under IFRS4

2023 DHMS FINANCIAL HIGHLIGHTS

The Scheme remains financially secure

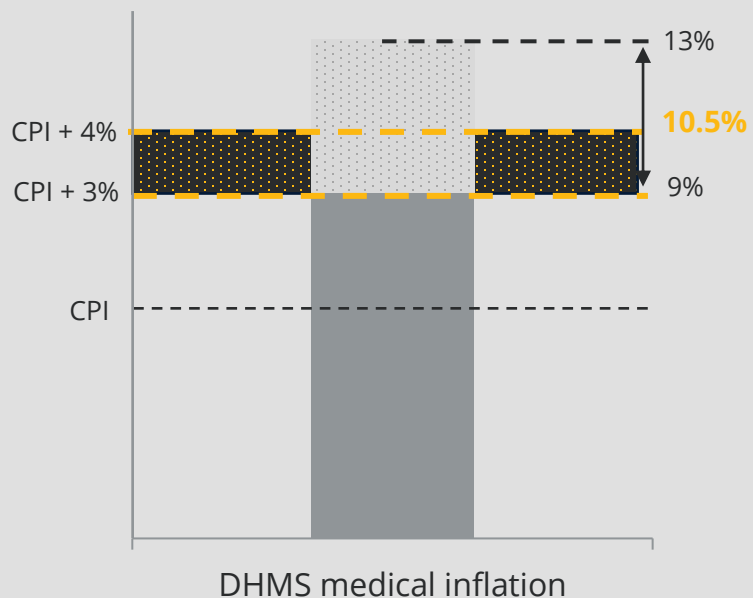
Performance for current year

Measure	2022 (R '000)	2023 (R '000)	% change YoY
Insurance revenue (risk contribution income)	R 65,637,399	R 73,328,203	12%
Insurance service expense (relevant healthcare expenditure)	(R 66,724,592)	(R 75,483,071)	13%
Insurance service result	(R 1,016,992)	(R 2,069,145)	103%
Other income	R 2,256,202	R 3,378,968	50%
Investment income	R 2,221,987	R 2,417,940	9%
Other expenditure	(R 1,239,210)	(R 1,309,823)	6%
Other administrative fees	(R 592,049)	(R 648,298)	10%
Other operating expenses	(R 182,813)	(R 191,266)	5%
Total comprehensive loss, before amounts attributable to future members	R 1,476,006	R 182,634	-88%

*IFRS17 accounting terminology used
Broker service fees included as insurance acquisition costs, under Insurance service expense

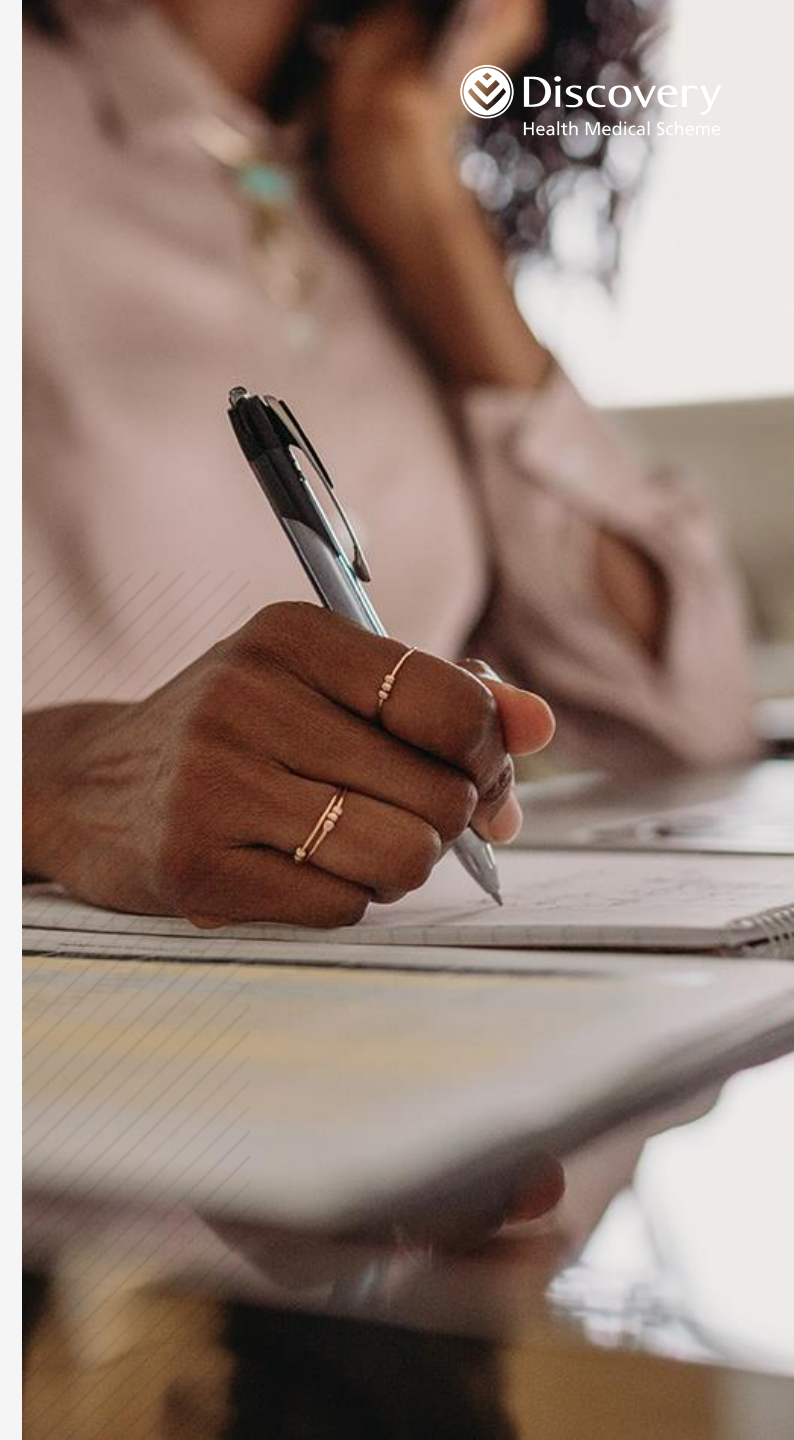
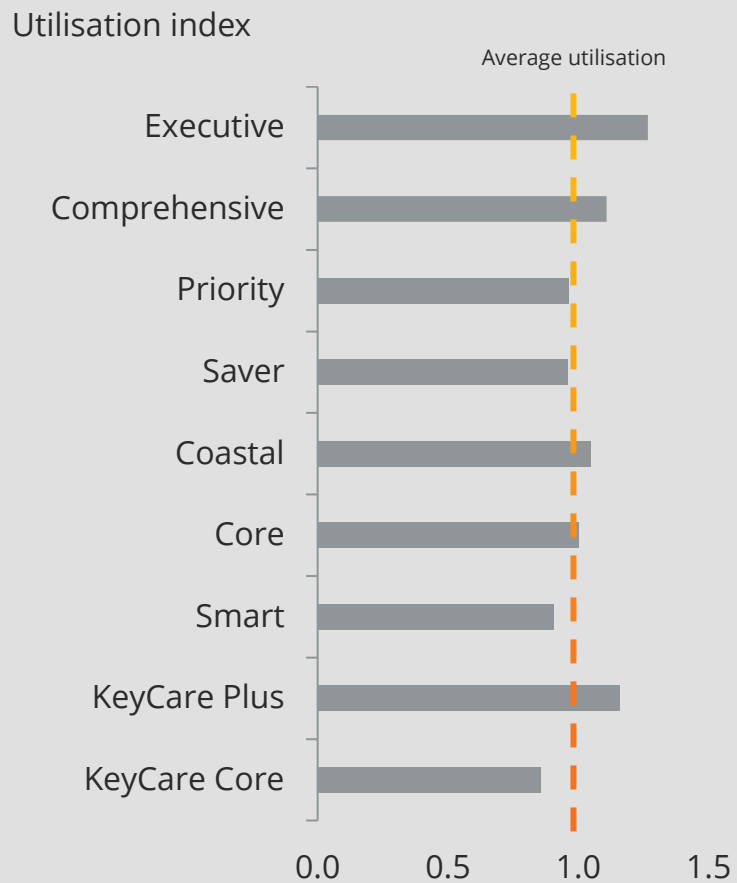
KEY FACTORS THAT DETERMINED CONTRIBUTION INCREASE AND BENEFIT CHANGE CONSIDERATIONS FOR 2024

MEDICAL INFLATION FOR 2024

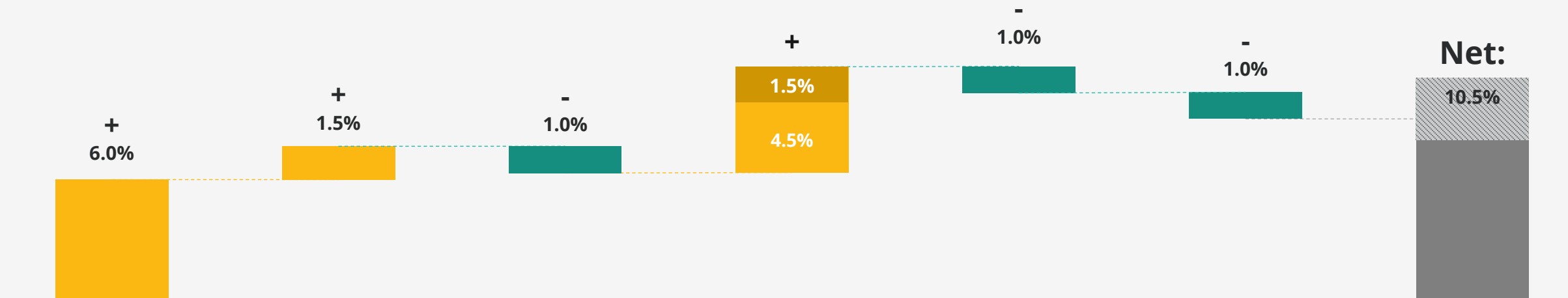


2024 medical inflation expected to be **10.5%**, with a range between 9% and 13% allowing for plan differentials

VARIED UTILISATION EXPERIENCE ACROSS DHMS BENEFIT OPTIONS



MEDICAL INFLATION FOR 2024



Tariffs

Supply-side utilisation

Risk management

Demand-side utilisation

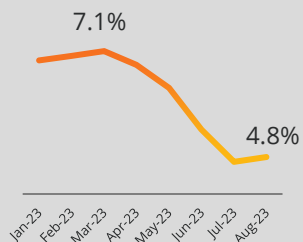
Health & Wellness

Non-healthcare expenses

Medical inflation

Rise in the price of healthcare

Closely aligned to CPI
2023 CPI forecast = 6%



Demand created by:

- Technological advancements
- Development of new drugs & medications
- Additional healthcare facilities

Managing supply-side utilisation

- Tariff negotiations
- Fraud interventions
- Value-based contracting
- Other managed care initiatives

Demand driven by:

- Embedded COVID-19 costs
- Adverse selection
- Chronic disease burden
- Plan-specific trends

Managing demand-side

- Improved health outcomes for members

Managing non-healthcare expenses

- Real decrease in non-healthcare expenses

2024 medical inflation expected to be 10.5%, with a range between 9% and 13% allowing for plan differentials

▼
Informs the required contribution increase to ensure the Scheme's contributions keep pace with expected healthcare costs in future

BALANCING AFFORDABILITY AND SUSTAINABILITY IN 2024

SIMPLIFICATION OF THE COMPREHENSIVE SERIES

2023

- Classic Comprehensive
- Classic Delta Comprehensive
- Essential Comprehensive
- Essential Delta Comprehensive
- Classic Smart Comprehensive

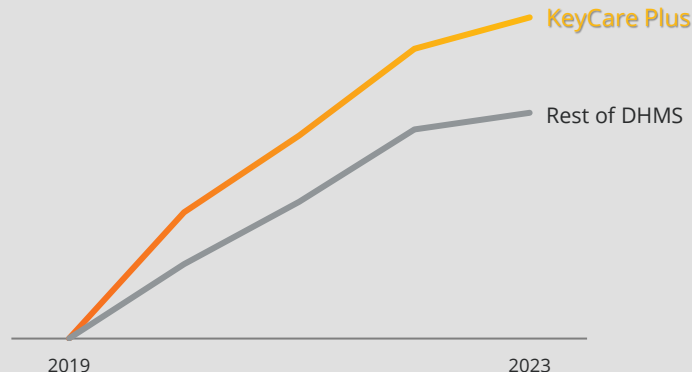


2024

- Classic Comprehensive
- Enhanced** Classic Smart Comprehensive

KEYCARE BENEFIT ADJUSTMENTS TO MANAGE DEMAND-SIDE INFLATION

Cumulative change in chronic ratio



Benefits aligned to promote coordinated care by single primary GP

KeyCare hospital network optimisation

Alignment of select in-hospital procedures to PMB criteria

OPTIMISATION OF DAY-TO-DAY BENEFITS

Increased affordability pressures on members

+57% increase in interest rates between 2021 and 2023

Enhanced risk-funded benefits to assist extending day-to-day cover:



Mental Wellbeing Assessment and iCBT




Virtual Urgent Care

7.3% of MSA on Saver plans used for mental health and casualty care claims in 2022

Medical Savings Account on Saver series, as a proportion of total contribution, was reduced by 5% for 2024

DISCOVERY HEALTH MEDICAL SCHEME MAINTAINS LONG-TERM SUSTAINABILITY AND AFFORDABILITY FOR MEMBERS

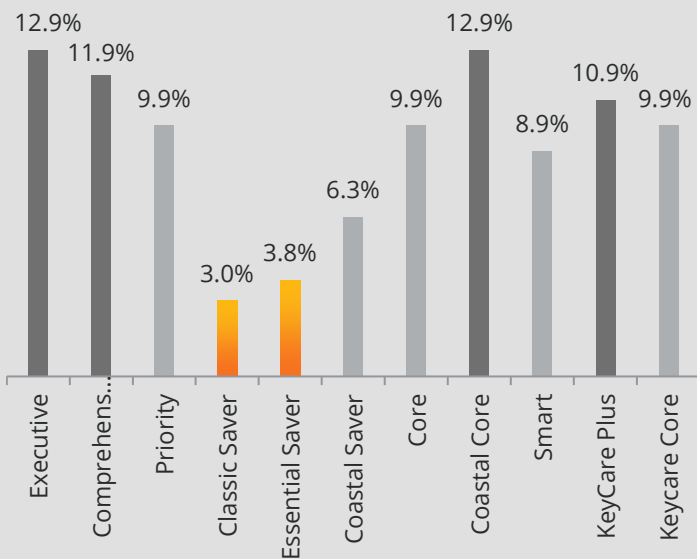


DIFFERENTIATED INCREASES IN 2024

Weighted average increase of **7.5%**

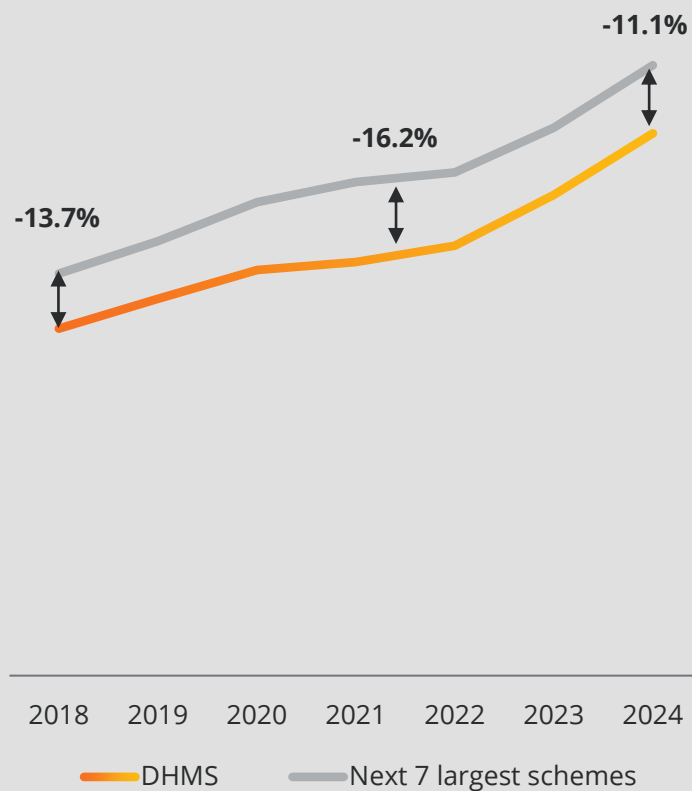
39% of DHMS members experienced an increase **below 4%** for 2024

73% of DHMS members experienced an increase **below 10%** for 2024



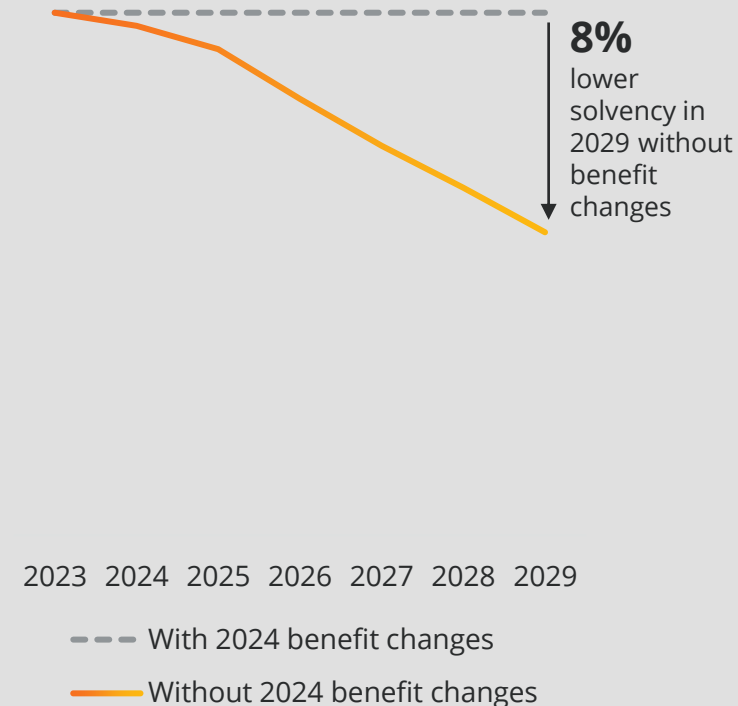
CONTRIBUTIONS REMAIN MORE AFFORDABLE THAN THE MARKET

Average contributions (2018 - 2024)



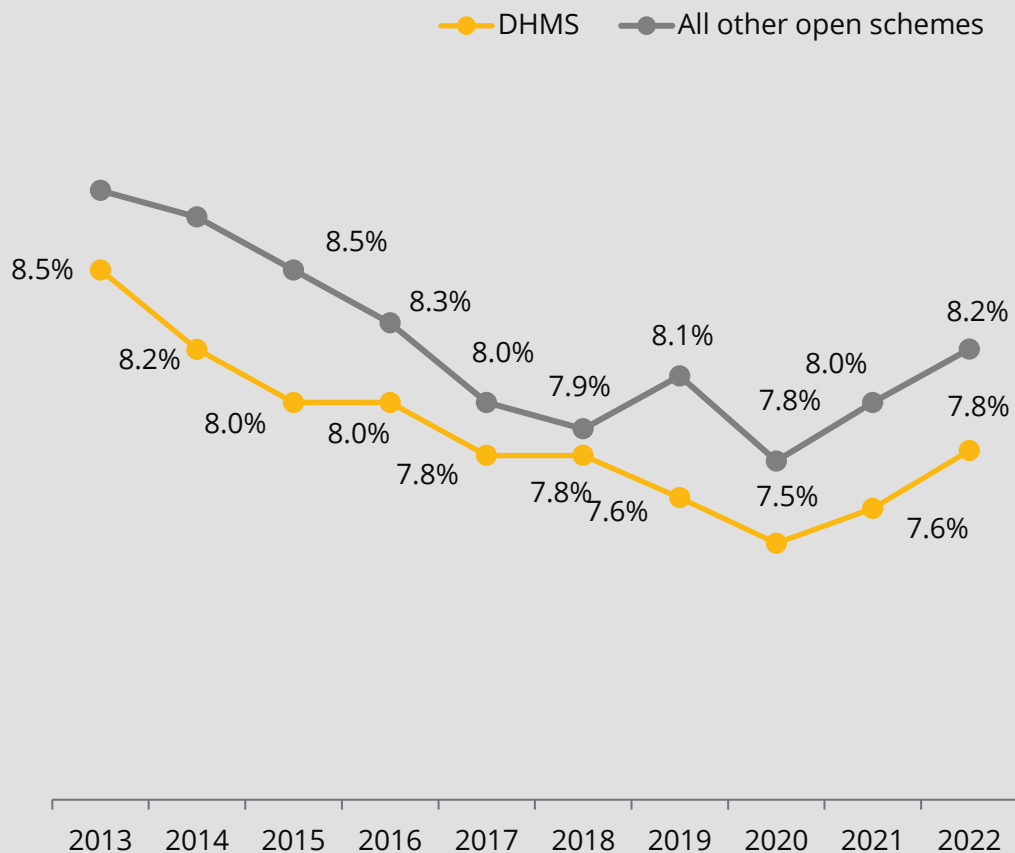
STRONG FINANCIAL OUTLOOK POST BENEFIT CHANGES

Projected solvency differentials

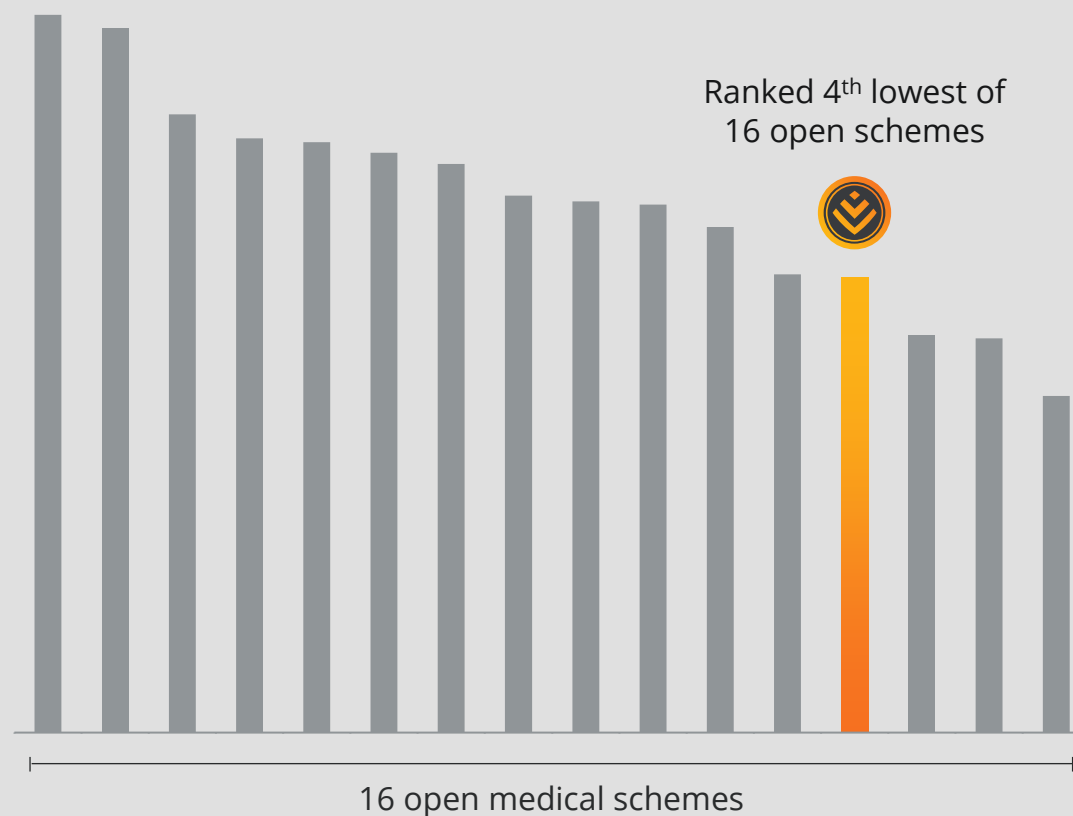


MEMBERS BENEFIT FROM ADMINISTRATION EXPENDITURE THAT IS AMONG THE LOWEST IN THE INDUSTRY

ADMINISTRATION EXPENDITURE AS % OF GROSS CONTRIBUTION INCOME (2013 – 2022)



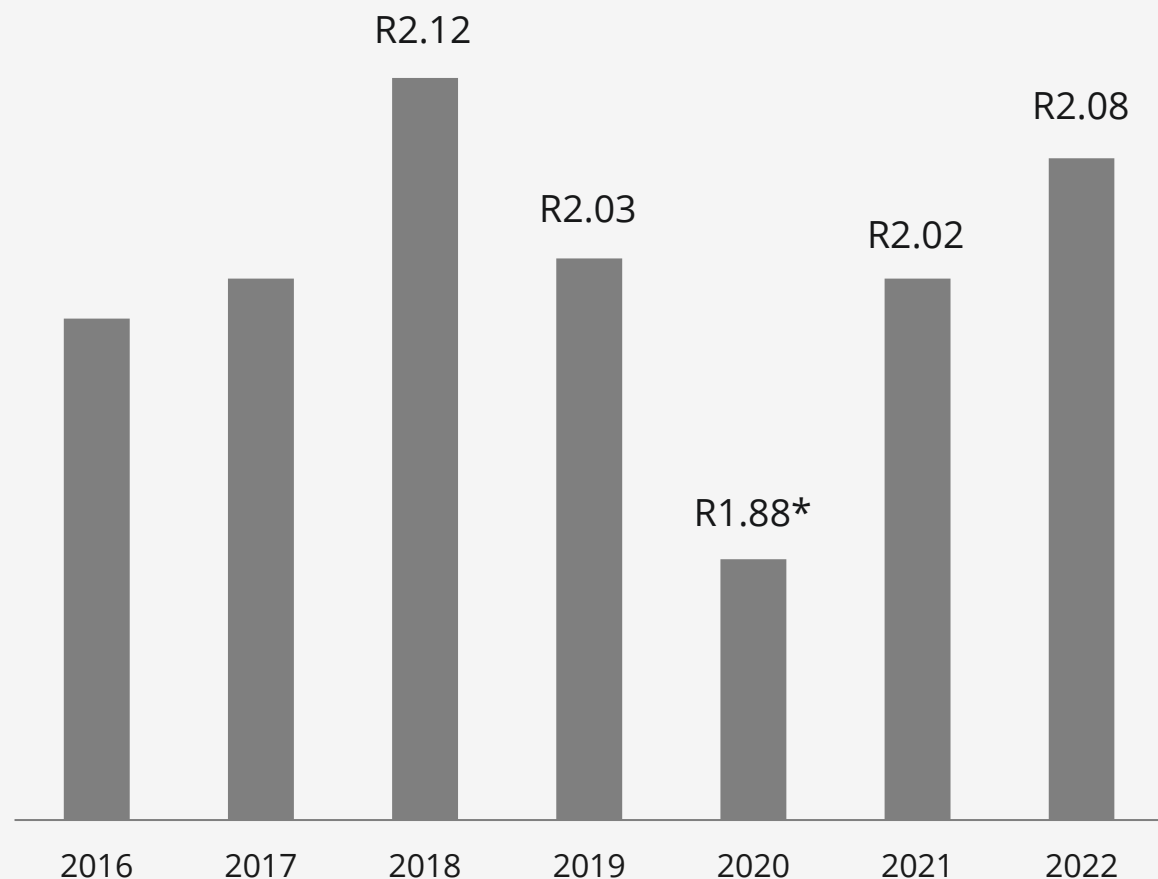
ADMINISTRATION EXPENDITURE AS % OF GROSS CONTRIBUTION INCOME (2022)



Notes: Latest industry figures available as per CMS Industry Report 2022
 The admin expenditure as % of GCI figure is a weighted average for all other open schemes
 Source: CMS Industry Report 2022

OUR MEMBERS RECEIVE OUTSTANDING VALUE FROM DISCOVERY HEALTH

Value generated for DHMS Members



Source: DHMS 2023 Integrated Report

For every R1 spent

on managed care and administration fees, members of DHMS derived

R2.08

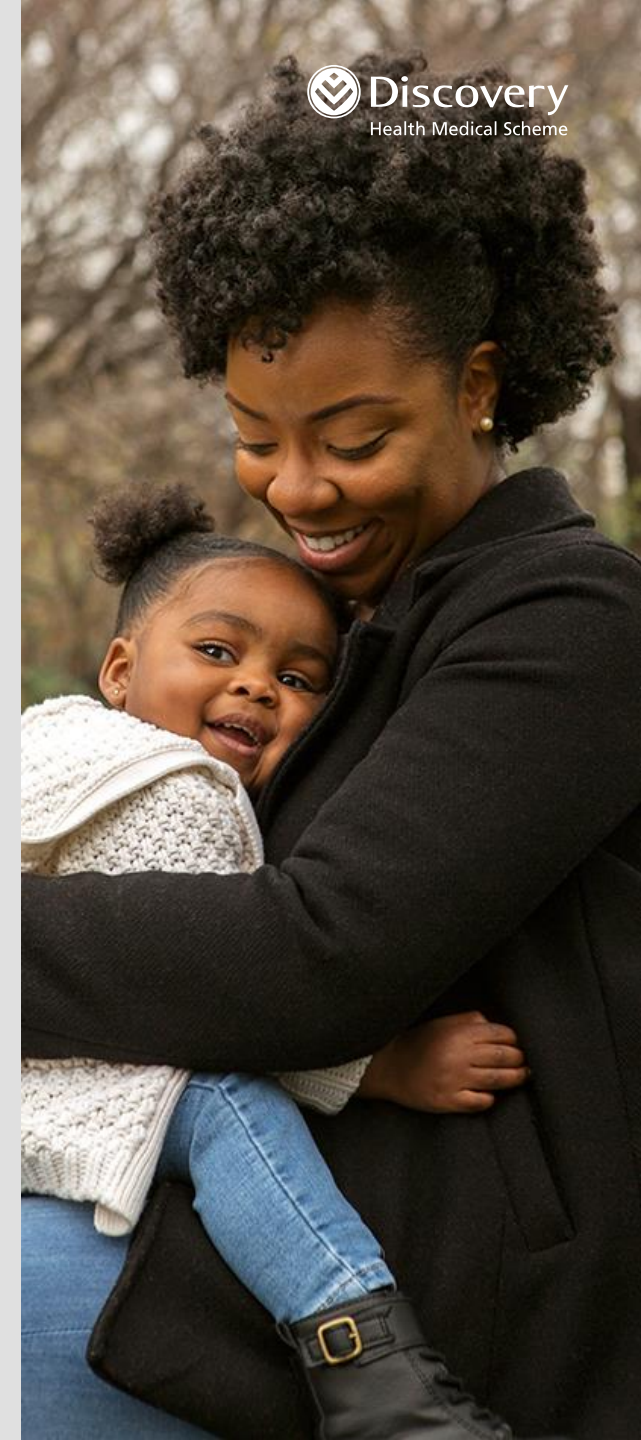
in value

Deloitte.

Reviewed by Deloitte

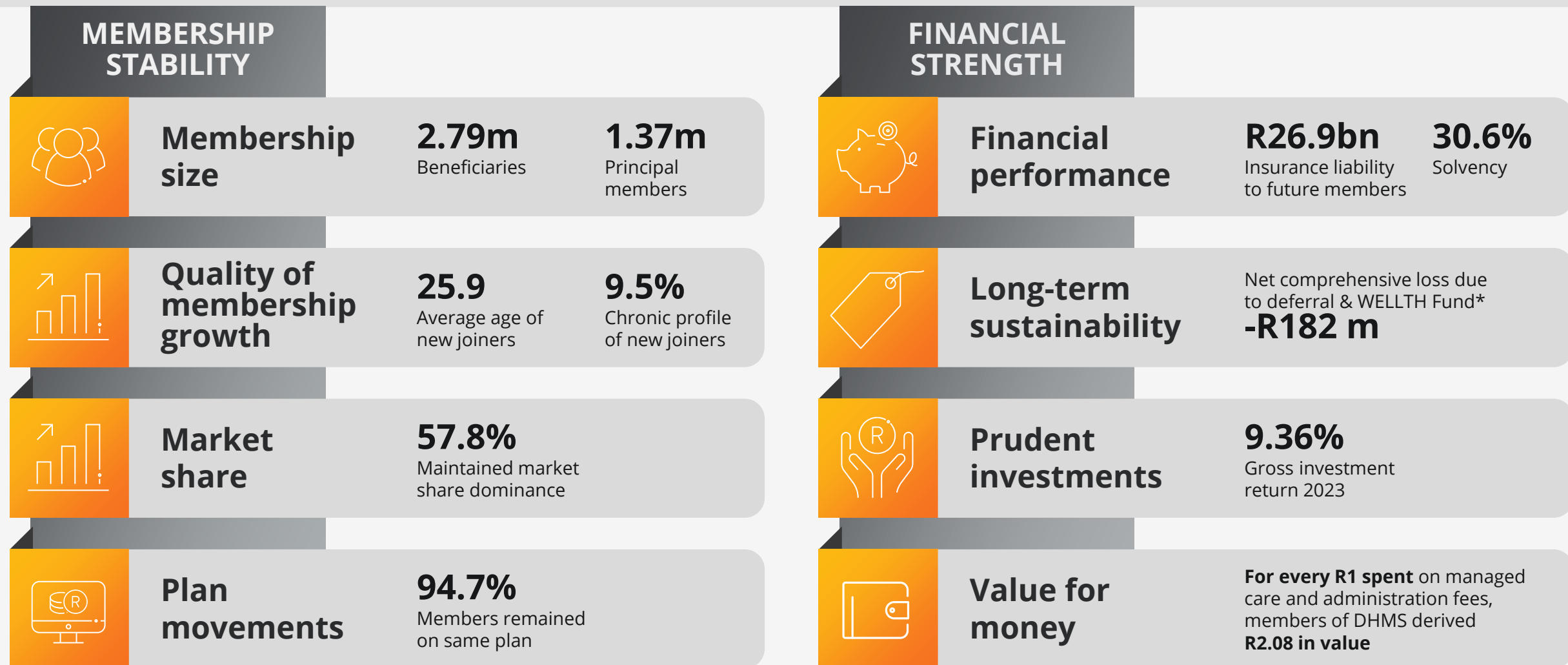
**Decrease is result of decrease in utilisation resulting from COVID-19, while the administration and managed care fees have remained at similar levels in real terms*

As the assessment uses industry information, results are only available for the preceding year.



HOW DO WE ENSURE WE ARE HERE FOR OUR MEMBERS, TOMORROW AND IN THE FUTURE?

We measure key metrics for a sustainable medical scheme:



*The amount of -R182m is the total comprehensive loss, before taking into account amounts attributable to future members

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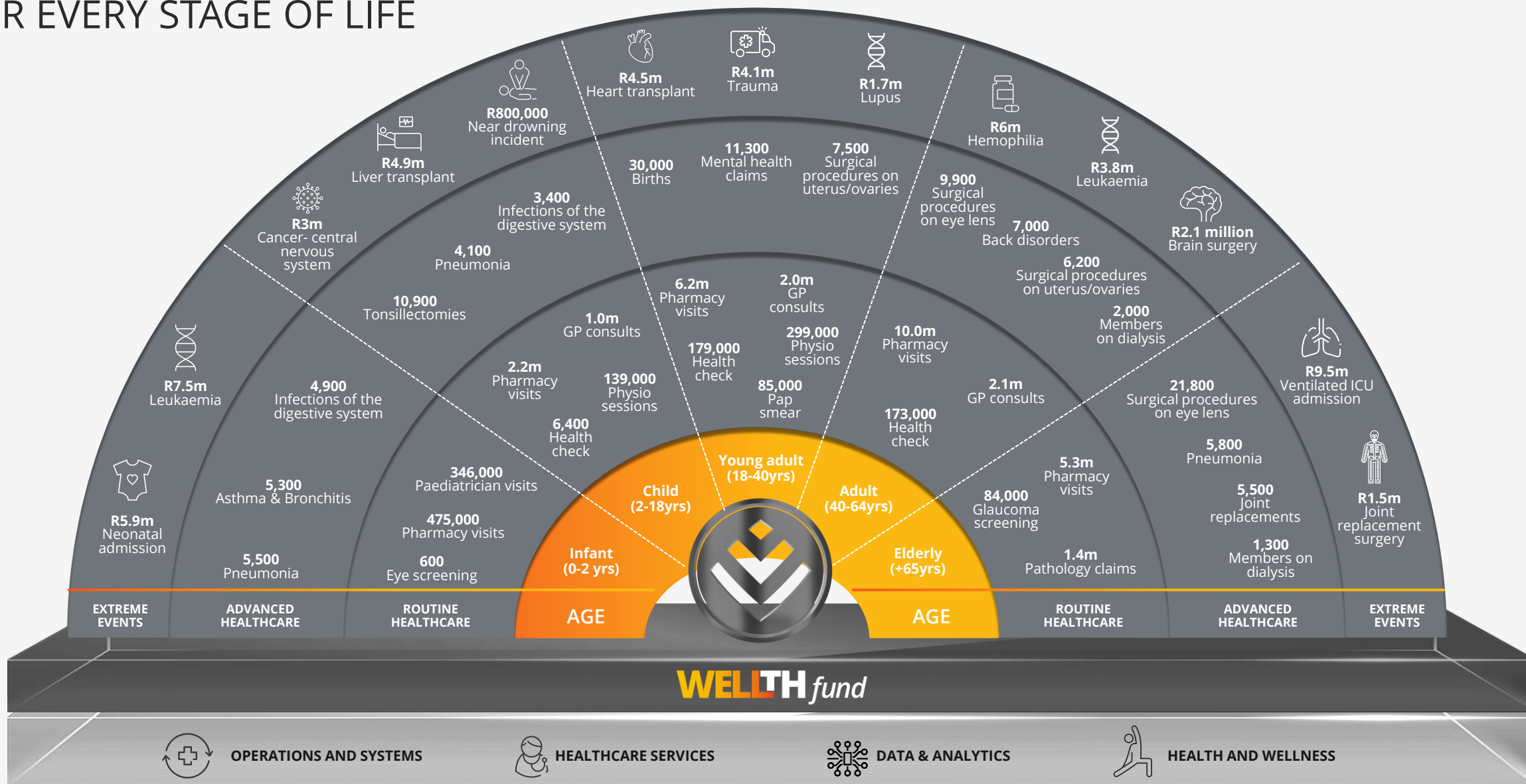


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2024 AND BEYOND

Enhancing the healthcare outcomes and experience of members in 2024 and beyond

EXCEPTIONAL HEALTHCARE COVER FOR EVERY STAGE OF LIFE



SUPERIOR HEALTHCARE COVER AND QUALITY WHEN ACCESSING ROUTINE HEALTHCARE



EXTENSIVE PROVIDER NETWORKS TO MINIMISE MEMBER SHORTFALLS



Discovery Health GP network

>5,933

Contracted GPs throughout South Africa



KeyCare primary care network

>2,220

Contracted GPs throughout South Africa

WITH SUPERIOR, HIGH-VALUE BENEFITS FOR ROUTINE HEALTHCARE



Screening & prevention Benefit

Vital screening tests for early detection



WELLTH fund

available to every DHMS member



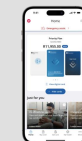
Sport injury benefit

available on the Classic Smart plan



Proactive mental health care

wellbeing assessment, risk-funded consultations, digital therapeutics



Providing convenience of access

GP consults, virtual urgent care and virtual physical rehabilitation

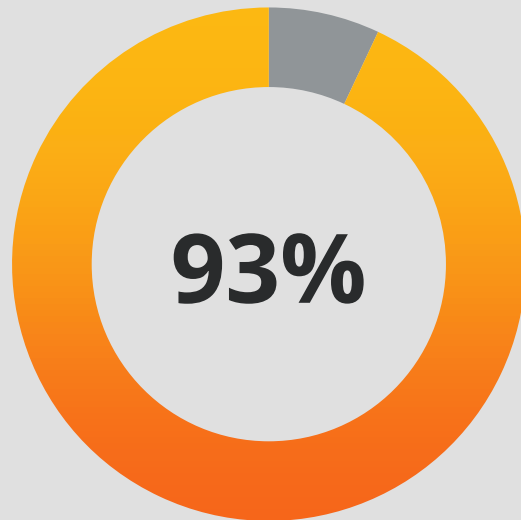
And much more...

HIGHEST QUALITY CARE AND PROVIDER NETWORKS TO MEET THE ADVANCED HEALTHCARE NEEDS OF MEMBERS



EXTENSIVE PROVIDER NETWORKS TO MINIMISE MEMBER SHORTFALLS

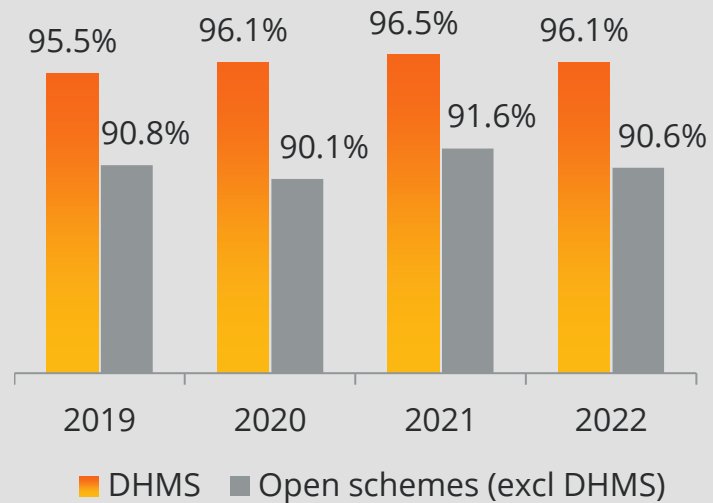
Discovery Health Specialist Network



>5 300
Contracted Specialists

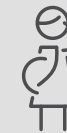
INDUSTRY-LEADING HOSPITAL COVER

In-hospital Cover Ratios



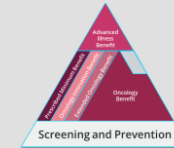
+ R3,260
of additional cover
for DHMS members in 2022

SUPERIOR, HIGH-VALUE BENEFITS FOR ADVANCED HEALTHCARE



Extensive maternity benefits

Including post-birth benefits



Oncology Benefit

Including Oncology Innovation & Extended Oncology Benefit



Centres of Excellence

Specialised care and services



Assisted Reproductive Treatment Benefit

available on Executive and Comprehensive plans

Note: Latest figures available as per CMS Industry Report 2022

COMPREHENSIVE COVER WHEN MEMBERS AND THEIR FAMILIES NEED IT MOST

10 of the highest member claims paid in 2023: **R69.1 m**

- R9.4m** Age **60** Surgical procedures for infectious or parasitic diseases
- R 8.3m** Age **54** Procedures on the nervous system
- R 6.9m** Age **32** Care for long term use of a ventilator (breathing machine)
- R 6.2m** Age **59** Liver transplant
- R 5.9m** Age **0** Major surgical procedures in newborn baby
- R 5.9m** Age **55** Heart and lung transplant
- R 5.0m** Age **49** Procedure to treat coronary heart disease after heart attack
- R 5.0m** Age **58** Surgical procedure on the liver or pancreas
- R 4.8m** Age **57** Kidney transplant
- R 4.8m** Age **0** Surgical procedures for infectious or parasitic diseases



305 years

worth of contributions to fund the highest claim



6,797

Individuals claimed over R500,000



1,806

Individuals claimed over R1 million

Ensuring value

for our members



01

CURRENT LANDSCAPE FOR MEMBERS AND THE SCHEME

Macro-economic effects and regulatory changes in an evolving landscape



02

ENSURING THE SUSTAINABILITY OF THE SCHEME

Financial strength, ability to pay claims and long-term sustainability are crucial to our members



03

GUARANTEEING SUPERIOR QUALITY AND VALUE FOR MEMBERS

Delivering the highest quality of care for our members at every stage of life



04

REGULATORY AND GOVERNANCE EXCELLENCE

Strong focus on governance excellence, risk management and regulatory compliance



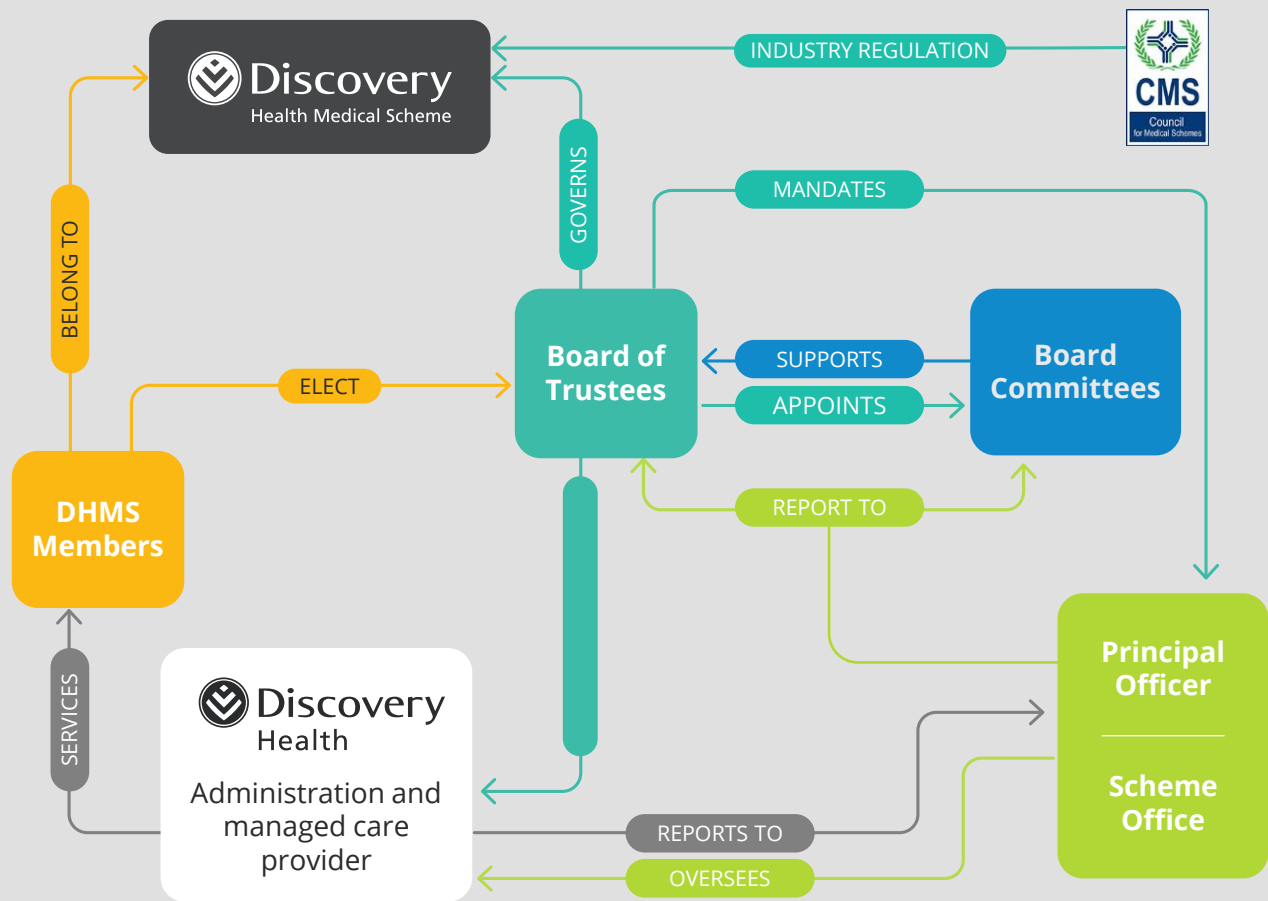
05

2024 AND BEYOND

Enhancing the healthcare outcomes and experience of members in 2024 and beyond

STRONG INDEPENDENT GOVERNANCE STRUCTURES WITH MAJORITY MEMBER-ELECTED TRUSTEES

OUR GOVERNANCE STRUCTURES



TO PROMOTE DESIRED OUTCOMES IN ACCORDANCE WITH KING IV

AN ETHICAL CULTURE



GOOD PERFORMANCE



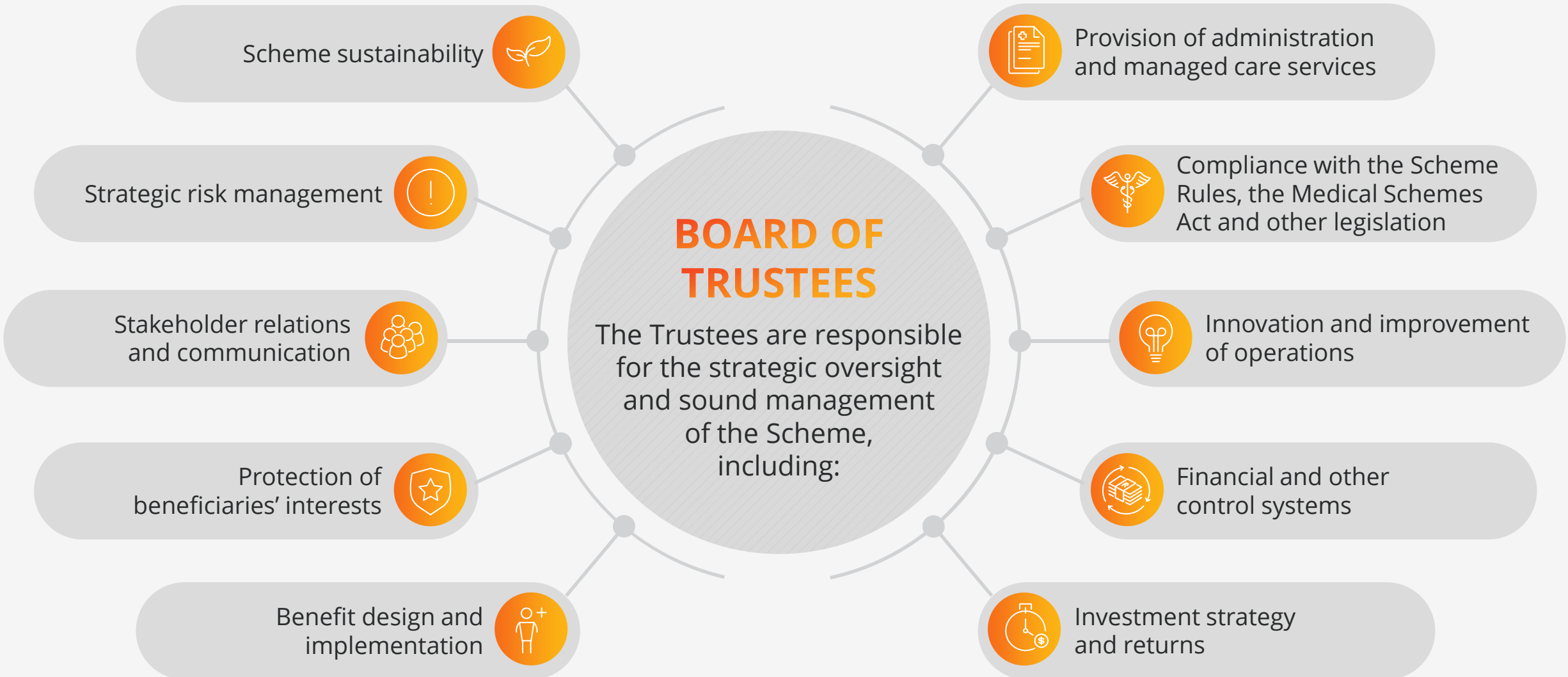
EFFECTIVE CONTROL



LEGITIMACY



ROLES, RESPONSIBILITIES AND FIDUCIARY DUTIES OF TRUSTEES



Ensuring value

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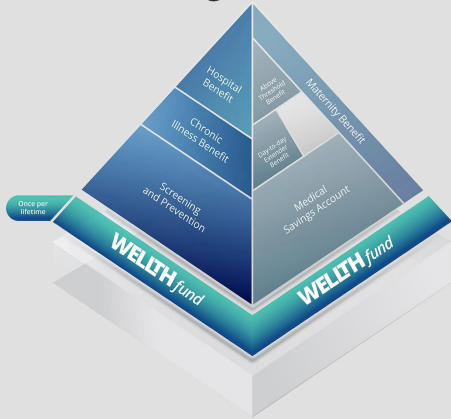
2024 AND BEYOND

Enhancing the healthcare outcomes and experience of members in 2024 and beyond

ENHANCING ACCESS AND DELIVERING THE HIGHEST QUALITY OF CARE FOR OUR MEMBERS

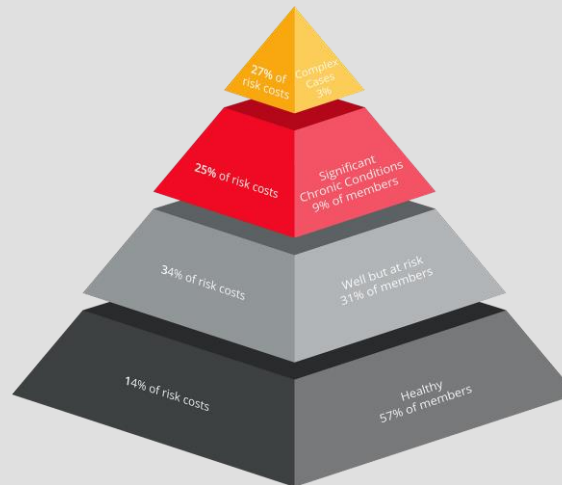
SCREENING AND PREVENTION

WELTH fund



DHMS is making a significant investment in the health of members and sustainability of the scheme

POPULATION HEALTH MANAGEMENT



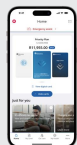
Continuous development of existing managed care initiatives to effectively prevent and manage non-communicable diseases

QUALITY HEALTHCARE



Enhancing quality healthcare through co-ordinated care and improved quality outcomes for our members

ACCESS TO CARE

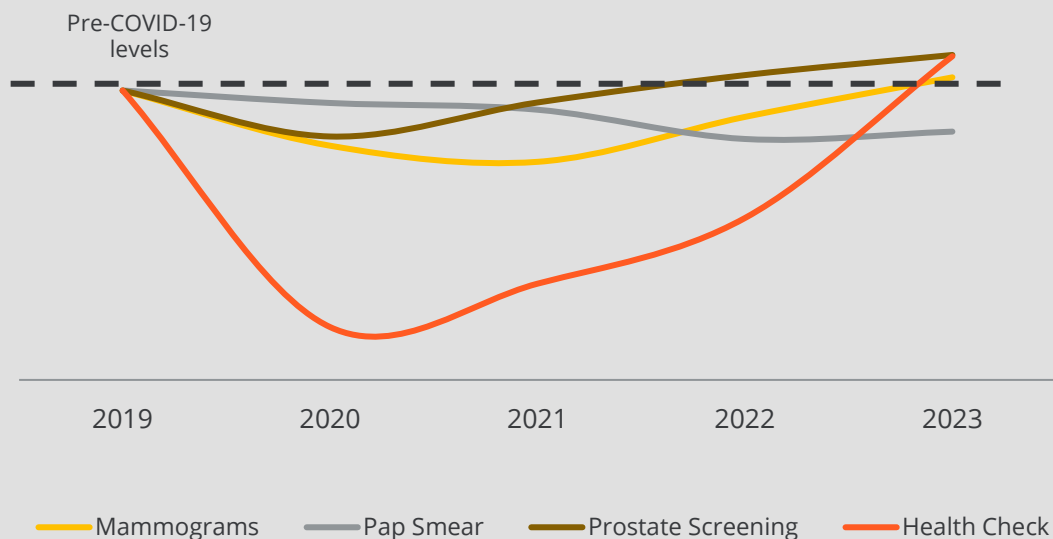


Expanded access to convenient quality healthcare and a differentiated healthcare experience

AN INCREASE IN SCREENING RATES ENSURES EARLY DETECTION OF DISEASE AND APPROPRIATE CONDITION MANAGEMENT

2023 SCREENING RATES HIGHER THAN PRE-COVID-19 LEVELS

Proportion of eligible members screening



+7%
Health Checks

+5%
Mammograms

+8%
Prostate screening

EFFECTIVE IDENTIFICATION AND MANAGEMENT OF CHRONIC CONDITIONS

6,400+

Unique enrolments onto Managed Care Programmes since the WELLTH Fund launched



3,600 - Diabetes Care



190 - Mental Health Care



5,500 - Cardio Care

Members have also successfully been channelled to the **Disease Prevention Programme** to proactively prevent disease progression

THE WELLTH FUND DELIVERS IMMEDIATE VALUE TO MEMBERS



520 000

Members have activated their WELLTH Fund

WELLTH fund



+R707m

Paid in claims from the WELLTH Fund

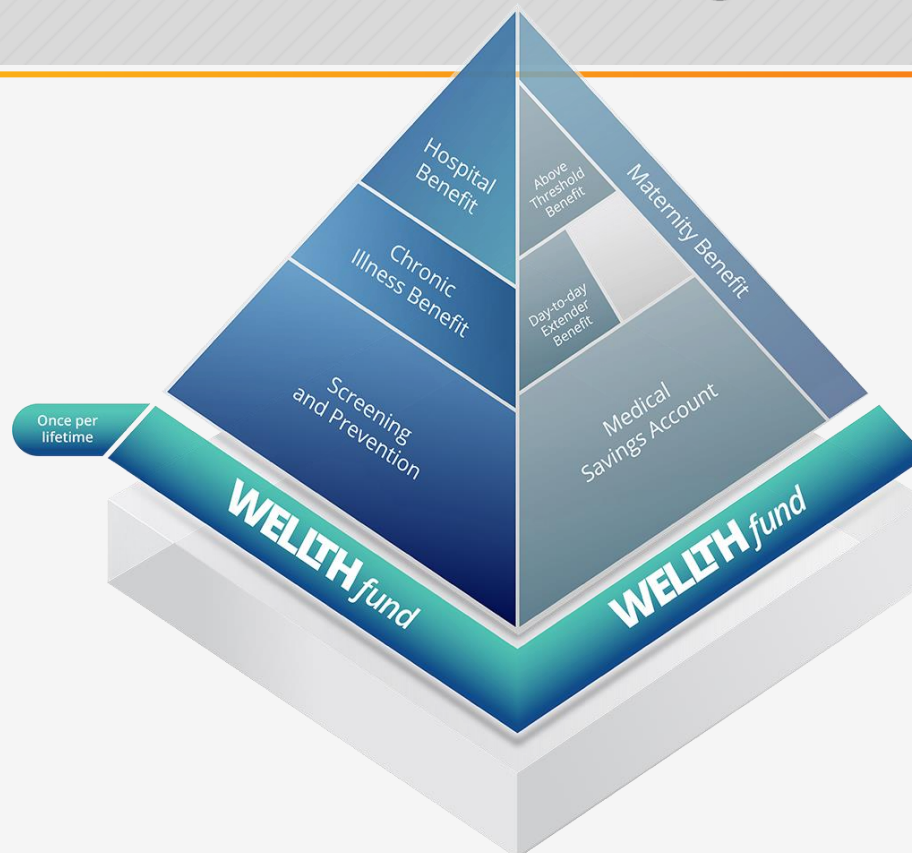
+47%

INCREASE IN HEALTH CHECKS IN 2023



6,400+

UNIQUE ENROLMENTS ONTO CARE PROGRAMME (DIABETES, MENTAL HEALTH, CARDIO CARE)



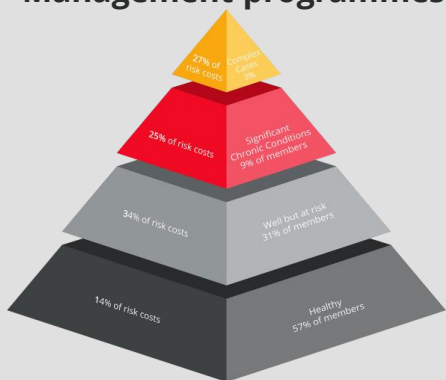
WELLTH FUND TOP 5 SERVICES USED

Dentist	R167m
GP	R157m
Physiotherapist	R45m
Optometrist	R41m
Obs & Gynaecologists	R40m

POPULATION HEALTH MANAGEMENT PROGRAMMES TARGETING MEMBERS LIVING WITH HIGH PREVALENCE CONDITIONS

OBJECTIVES

35% of members, accounting for 75% of costs, are targeted for Population Health Management programmes



- 1 Improve the health of the target population
- 2 Enhance the experience of care (patient-centricity)
- 3 Reduce overall costs of healthcare and improve sustainability

PROGRAMMES

- Prevention and management of high Impact non-communicable diseases
- Complex cases
- Oncology & end-of-life care
- Mental health
- End stage renal failure
- HIV management

CONDITION MANAGEMENT

Improved outcomes for members enrolled on Diabetes Care Programme

Rich out-of-hospital basket of care



7%

Lower hospital admissions

6%

Lower overall cost

Source: DHMS internal data; 2023. Diabetes figures compare results from members enrolled on Diabetes Managed Care Programme to members on no programme.

IMPROVING HEALTHCARE QUALITY AND OUTCOMES THROUGH VALUE BASED CARE AND IMPROVED CARE COORDINATION

CARE COORDINATION BY A SINGLE PRIMARY CARE GP

Highly accessible network of primary care GPs

50%

Chronic members have already nominated a primary care GP

Focused care coordination leads to improved health outcomes



fewer visits to the emergency room



fewer hospital admissions



Improved long-term health outcomes for individuals with chronic conditions

ENHANCED CARE EXPERIENCE AND HEALTH OUTCOMES IN YOUR HOME

Hospital level care at home



Improved clinical outcomes

67%

lower probability of readmission to hospital

63%

lower probability of visit to ED after discharge

Overwhelming positive feedback from members

9/10

member satisfaction score

GUIDING MEMBERS TO CENTRES OF EXCELLENCE

Access to highest quality surgical teams through the arthroplasty network

9,000

elective hip and knee replacements per year

Improved health outcomes through Arthroplasty Programme

25%

reduction in length of stay recovery

5%

reduction in re-admission rate



DHMS BENEFITS INTRODUCED TO ENSURE VALUE AND SUPPORT MEMBER EXPERIENCE

SPEAK TO A DOCTOR FOR URGENT CARE

Access to a dedicated panel of doctors
24/7

89
seconds

Time to speak
to a doctor

1 in 4

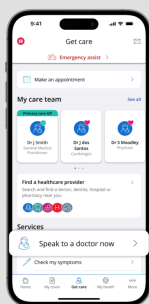
Consults outside
of working hours

>50%

Risk funded
consultations

Immediate

e-scripting and
medicine delivery



ENHANCED SUPPORT FOR MENTAL WELLNESS

Convenient access to evidence-based internet-based mental health therapy, from the comfort of home



Online modules for **depression**
or **depression with anxiety**



Personal supporters on hand
to provide guidance



>2150
Active users



96%
Satisfaction score



SUPPORT FOR MUSCULOSKELETAL RECOVERY

Evidence based rehabilitation
via video, supported by AI technology



Convenient access
from anywhere



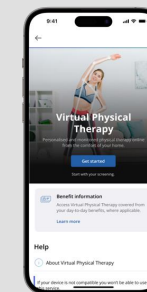
Connecting members
to their provider



Coaching for **better**
recovery outcomes



Reduced cost of
virtual therapy



DHMS IS FOCUSED ON CREATING NEW WAYS TO PERSONALISE EVERY MEMBER'S HEALTHCARE JOURNEY, NAVIGATING MEMBERS TO BETTER HEALTH

Ensuring value

for our members



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ANNUAL GENERAL MEETING

CHARLOTTE MBEWU
PRINCIPAL OFFICER

27 JUNE 2024





Discovery

DISCOVERY HEALTH OVERVIEW

Discovery Health Medical Scheme Annual General Meeting

Dr Ron Whelan, CEO Discovery Health

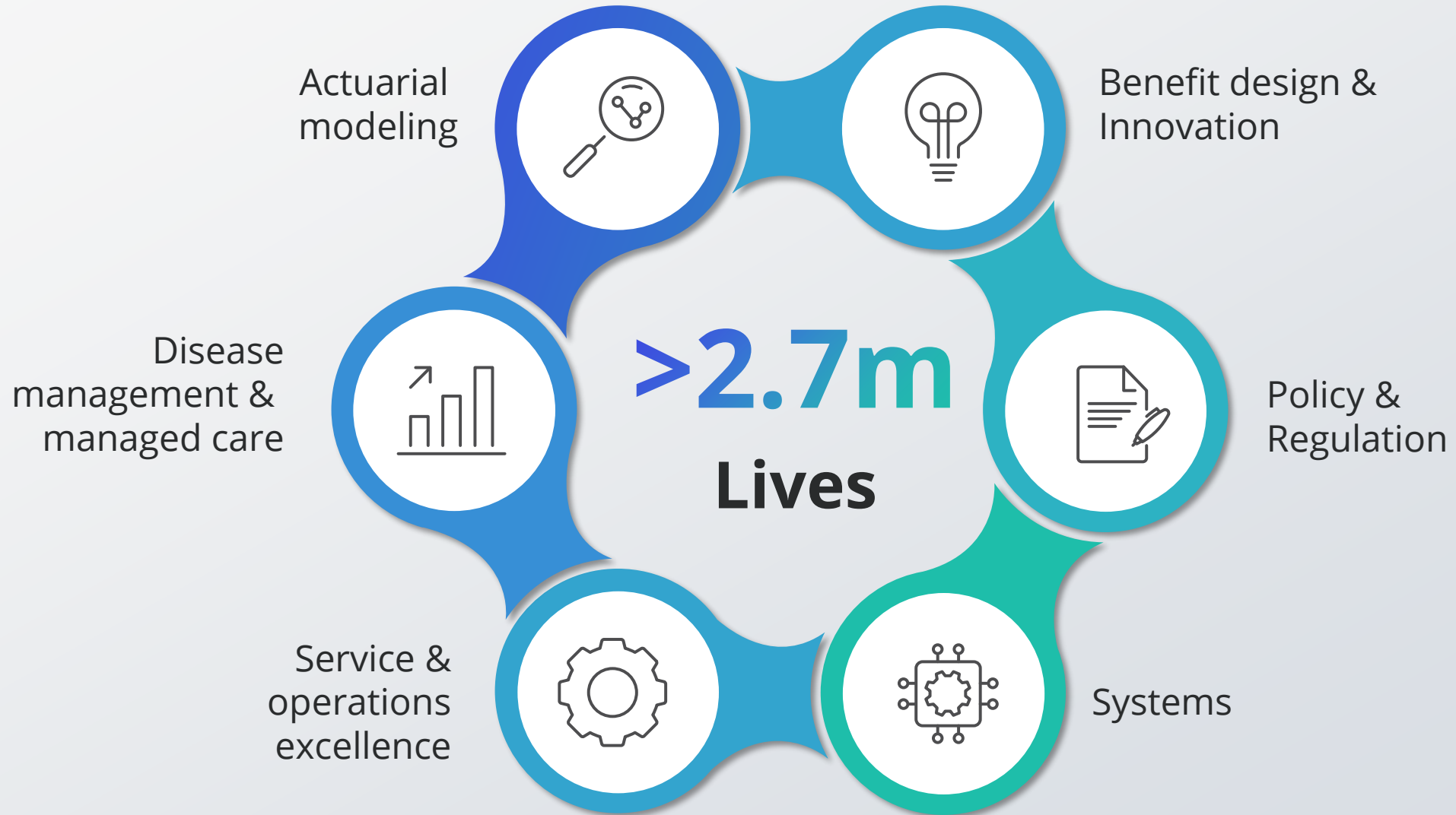


OUR PEOPLE

6.2k


**DISCOVERY HEALTH
EMPLOYEES AND
CONTRACTORS**

Discovery Health structured to provide best possible service to Discovery Health Medical Scheme (DHMS) and its members





01




Government Gazette
REPUBLIC OF SOUTH AFRICA

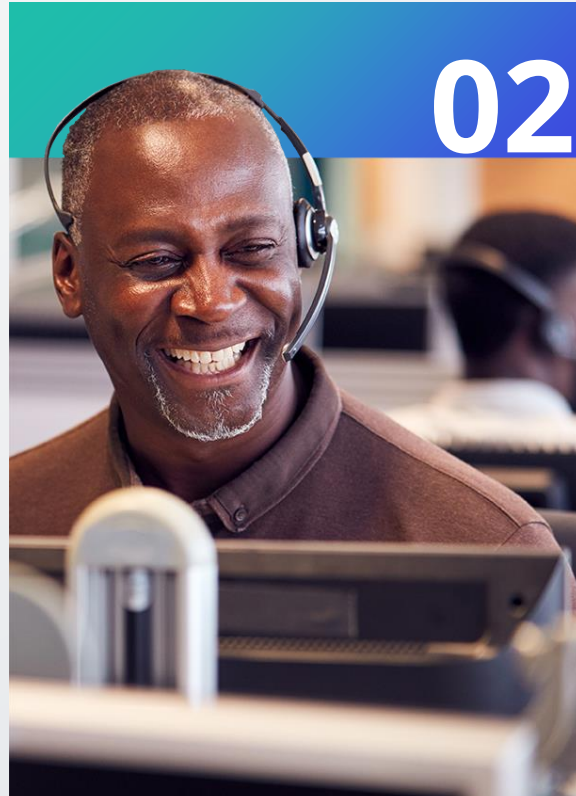
Vol. 707 Cape Town Kaapstad 16 May 2024 No. 50664

THE PRESIDENCY	DIE PRESIDENSIE
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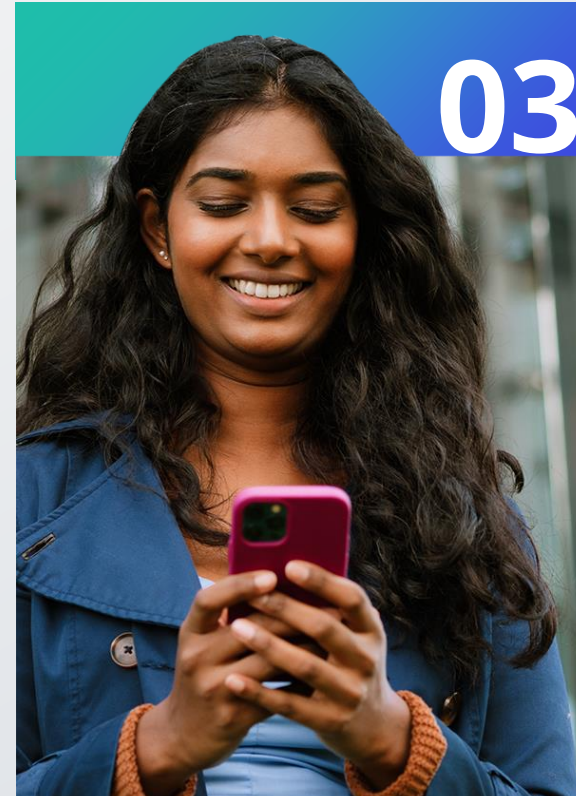
ISSN 1682-5845
9 771682 584003

 AIDS HELPLINE: 0800-0123-22 Prevention is the cure

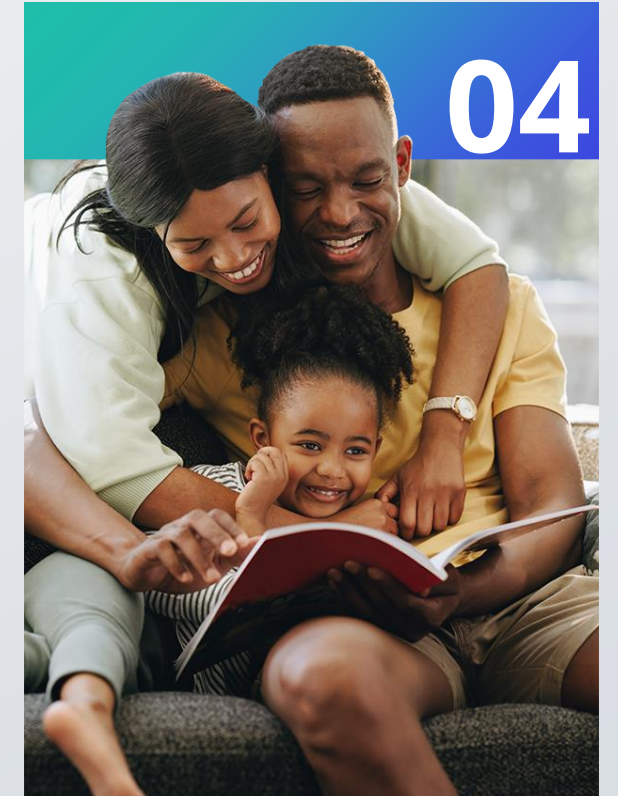
**NATIONAL HEALTH
INSURANCE UPDATE**



**OPERATIONS AND
SERVICE EXCELLENCE**



**QUALITY, ACCESS AND
COST OPTIMISATION**



INNOVATION



01

Government Gazette
REPUBLIC OF SOUTH AFRICA

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NATIONAL HEALTH INSURANCE UPDATE

02

OPERATIONS AND SERVICE EXCELLENCE

03

QUALITY, ACCESS AND COST OPTIMISATION

04

INNOVATION



Discovery Health unequivocally supports universal health coverage and believes that a workable NHI is central to achieving this

Implementation will be complex and protracted with no impact on medical schemes for a long time

Funding is the core issue; the NHI Act is unworkable without private sector collaboration and funding

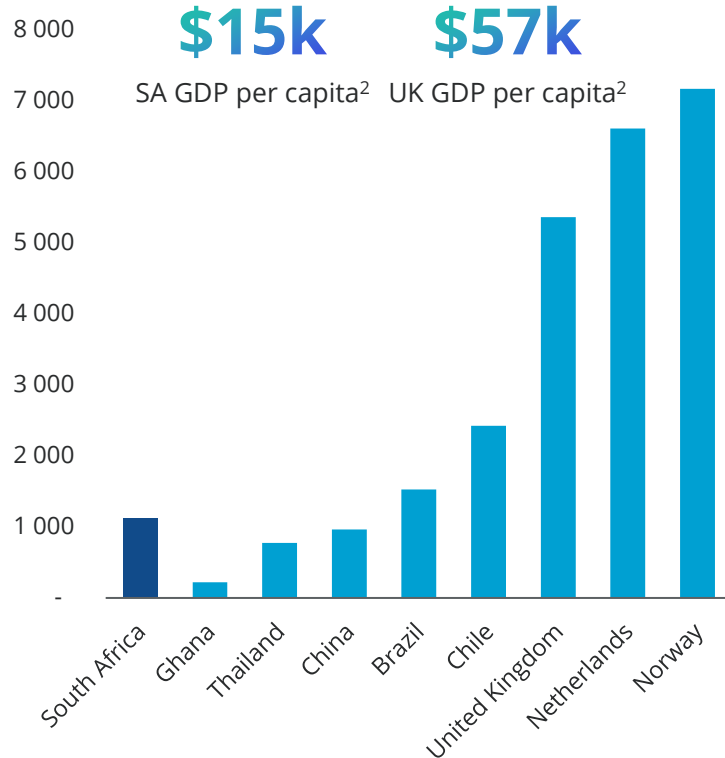
Discovery Health is committed to continue constructive engagement and collaboration with policymakers and will fight for a workable NHI to the benefit of all South Africans

South Africa has significant health resource constraints



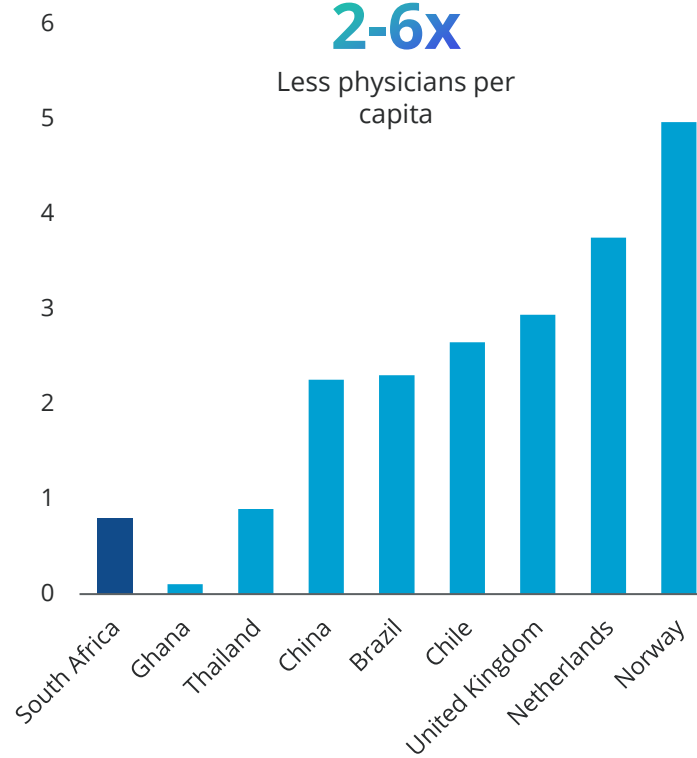
LOWER HEALTHCARE SPEND PER CAPITA

Health spend per capita US\$ in 2020 (purchasing power parity)



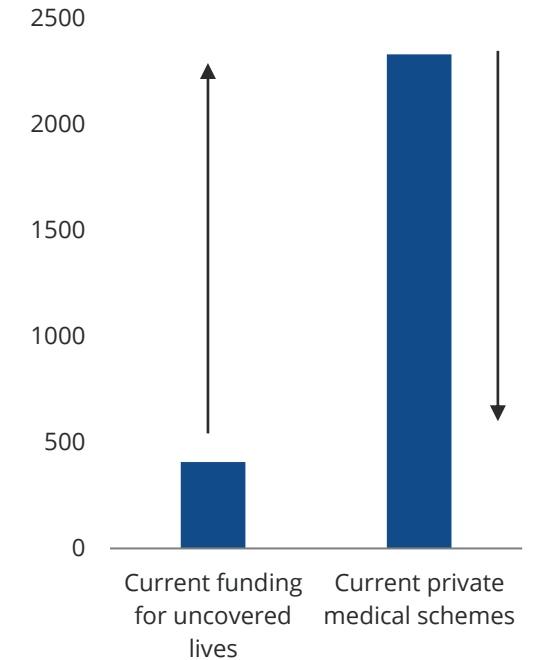
FEWER DOCTORS AND HEALTHCARE PROFESSIONALS

Physicians per 1 000²



INEQUALITY IN HEALTHCARE FUNDING

Healthcare funding available per person



Can't level up uncovered lives without funding and unconstitutional to level down the medical scheme lives

Almost all countries globally have a private health insurance market



Countries with a private healthcare insurance market

169 countries

Algeria	Central African Republic	Gambia	Lebanon	Oman	South Sudan
Andorra	Chad	Georgia	Liberia	Pakistan	Spain
Angola	Chile	Germany	Lithuania	Palau	Sri Lanka
Antigua and Barbuda	China	Ghana	Luxembourg	Panama	Sudan
Argentina	Colombia	Greece	Madagascar	Paraguay	Suriname
Armenia	Comoros	Grenada	Malawi	Peru	Sweden
Australia	Congo	Guatemala	Malaysia	Philippines	Switzerland
Austria	Costa Rica	Guinea	Maldives	Poland	Tajikistan
Bahamas	Côte d'Ivoire	Guinea-Bissau	Mali	Portugal	Thailand
Bahrain	Croatia	Guyana	Marshall Islands	Qatar	Togo
Bangladesh	Cyprus	Haiti	Mauritania	Republic of Korea	Tonga
Barbados	Czechia	Honduras	Mauritius	Republic of Moldova	Trinidad & Tobago
Belarus	DRC	Hungary	Mexico	Romania	Tunisia
Belgium	Denmark	India	Micronesia	Russian Federation	Türkiye
Belize	Djibouti	Indonesia	Monaco	Rwanda	Turkmenistan
Benin	Dominica	Iran	Mongolia	Saint Kitts and Nevis	Tuvalu
Bhutan	Dominican Republic	Ireland	Montenegro	Saint Lucia	Uganda
Bolivia	Ecuador	Israel	Morocco	Saint Vincent and the Grenadines	Ukraine
Bosnia & Herzegovina	Egypt	Italy	Mozambique	Samoa	United Arab Emirates
Botswana	El Salvador	Jamaica	Myanmar	San Marino	United Kingdom
Brazil	Equatorial Guinea	Japan	Namibia	Sao Tome and Principe	United Republic of Tanzania
Bulgaria	Estonia	Jordan	Nepal	Senegal	United States of America
Burkina Faso	Eswatini	Kazakhstan	Netherlands	Serbia	Uruguay
Burundi	Ethiopia	Kenya	New Zealand	Seychelles	Uzbekistan
Cabo Verde	Fiji	Kuwait	Nicaragua	Sierra Leone	Vanuatu
Cambodia	Finland	Kyrgyzstan	Niger	Singapore	Venezuela
Cameroon	France	Lao	Nigeria	Slovakia	Vietnam
Canada	Gabon	Latvia	North Macedonia	Slovenia	Zambia
					Zimbabwe

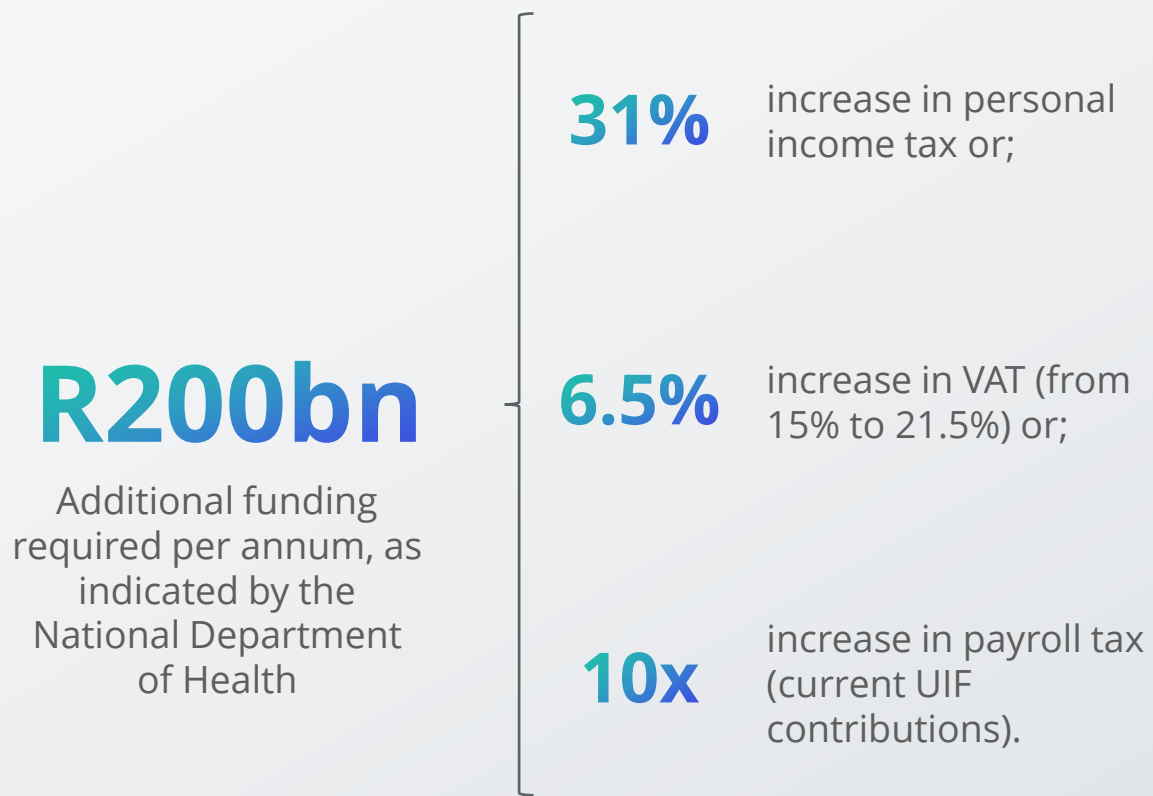
Countries without a private healthcare insurance market

17 countries

Afghanistan
Azerbaijan
Brunei Darussalam
Cook Islands
Cuba
Eritrea
Iceland
Iraq
Kiribati
Lesotho
Malta
Nauru
Niue
Norway
Papua New Guinea
Solomon Islands
Timor-Leste

In all countries listed, the absence of private health insurance is **attributable to market dynamics, not a legislative ban**

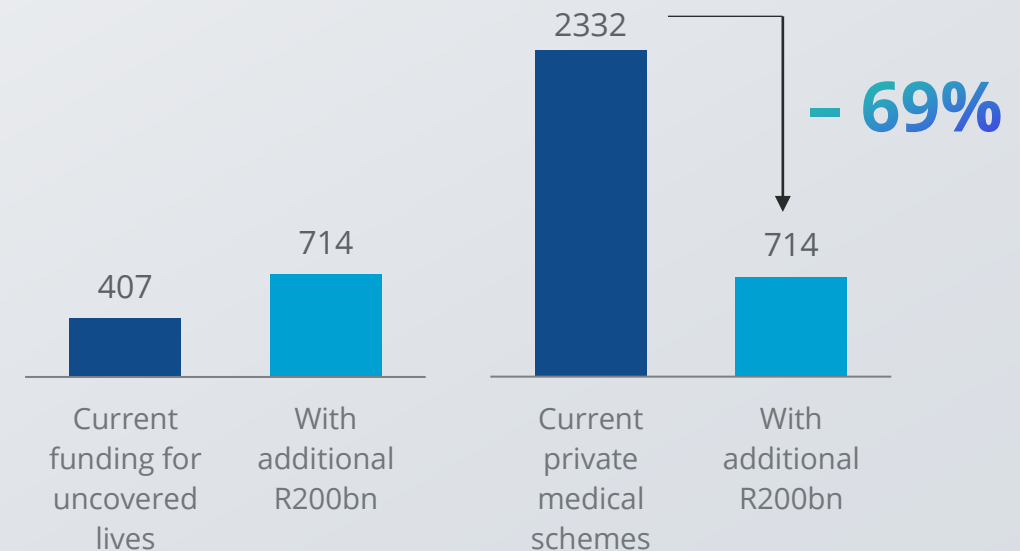
Funding is the core problem



Healthcare funding available per person remains constrained (R)

Impact on **public sector healthcare consumers**

Impact on **medical scheme members**



Timelines between NHI Act and NDoH differ, amendments are likely



	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033		
NHI Act	<ul style="list-style-type: none"> • Publication of draft regulations • Some appointments to NHI structures 			<ul style="list-style-type: none"> • Appointment of Board, CEO and related committees • Health system strengthening • Establish institutions including S3A entity • Purchase health services for vulnerable 			<ul style="list-style-type: none"> • Establish and operationalize Fund as purchaser of healthcare services, including selective contracting from private providers • Primary care as priority • Implement biometric identification system 					
	<ul style="list-style-type: none"> • 5 years to establish NHI Fund infrastructure • Initial focus on vulnerable lives 							<ul style="list-style-type: none"> • Contracting to commence • Initial focus on public sector hospitals • Financial integration (from provinces) only post 2032/33 				

- Significant implementation and legal complexity
- No near-term changes to healthcare funding and access
- No changes to taxes until money bill is published by National Treasury
- No changes to medical scheme benefits until NHI 'fully implemented'

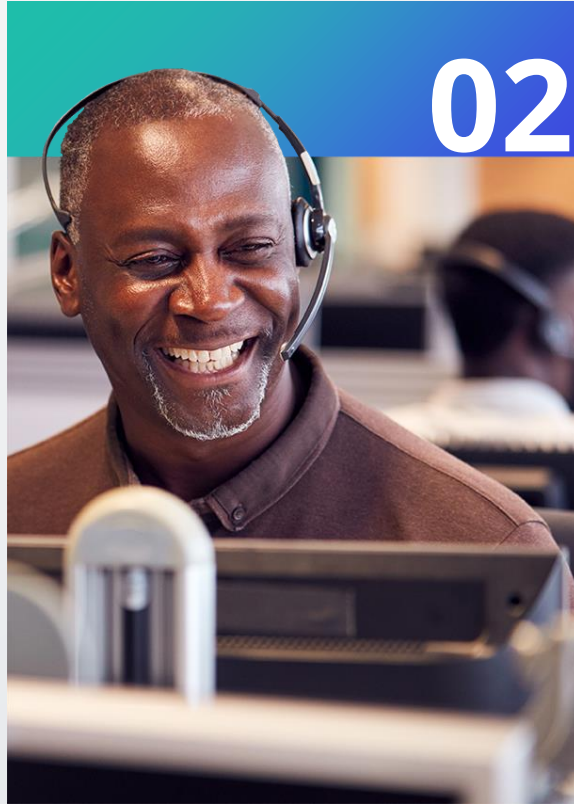
Agenda



01



NHI
UPDATE



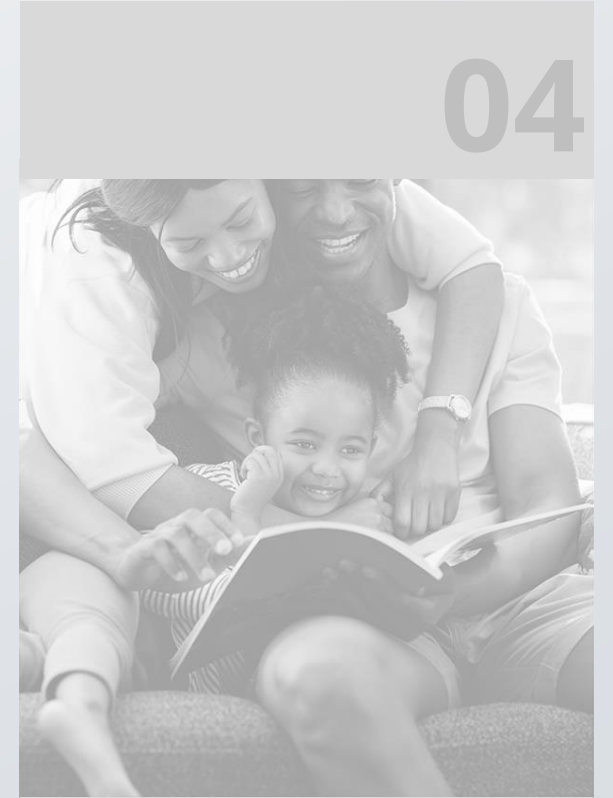
02

OPERATIONS AND
SERVICE EXCELLENCE



03

QUALITY, ACCESS AND
COST OPTIMISATION



04

INNOVATION

Discovery Health Medical Scheme (DHMS) beneficiaries overview



Discovery Health service and operations overview



NATIONAL FOOTPRINT

GAUTENG

1,305
TEAM MEMBERS

KWAZULU-NATAL

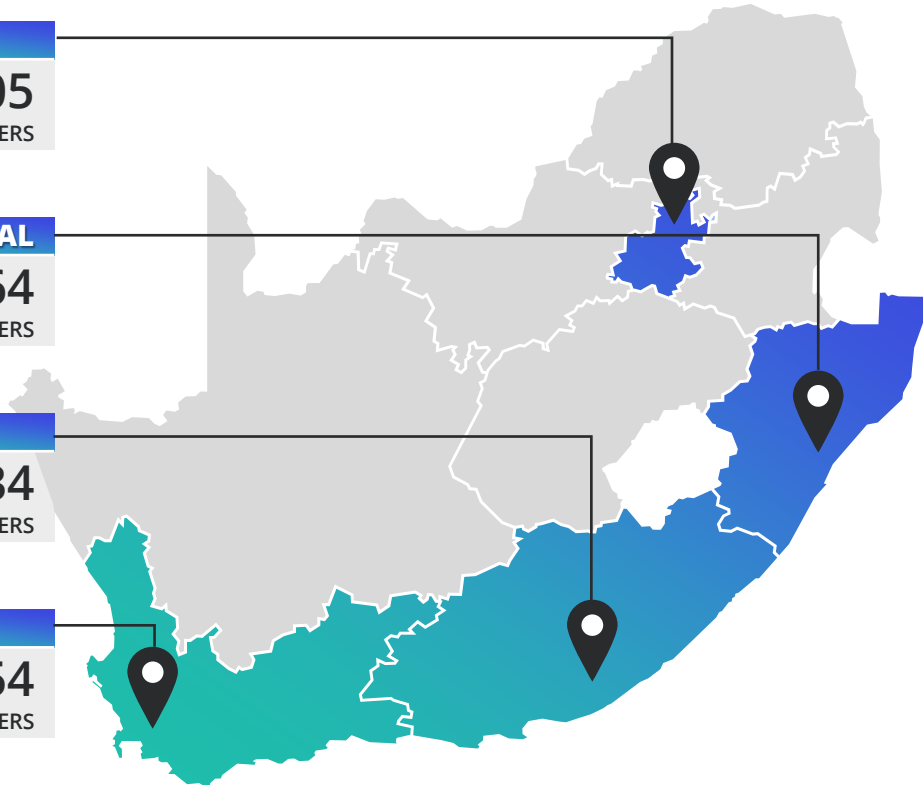
864
TEAM MEMBERS

EASTERN CAPE

1,034
TEAM MEMBERS

WESTERN CAPE

654
TEAM MEMBERS



TOTAL

3,857
TEAM MEMBERS -
OPERATIONS

STAKEHOLDERS

>2.7m
DHMS COVERED
LIVES

6,408
FINANCIAL
ADVISORS

7,284
EMPLOYER
GROUPS

44,800
HEALTH
PROFESSIONALS

19
SCHEMES
ADMINISTERED

4,641
DISCOVERY HEALTH
PERMANENT
EMPLOYEES

DHMS BENEFITS

HOSPITAL ADMISSIONS p.a. **724,884**

BIRTHS PER ANNUM **31,429**

CIB REGISTERED LIVES¹ **909,626**

HIV REGISTERED LIVES **47,910**

ONCOLOGY REGISTERED
LIVES² **75,039**

AUTO ADJUDICATED CLAIMS **99.6%**

ELECTRONIC CLAIMS **95.5%**

INTERACTIONS per annum



82,484,432
CLAIMS RECEIVED



13,850,606
WEBSITE LOGINS



13,784,138
MOBILE APP LOGINS



8,483,441
CALLS RECEIVED



4,806,758
EMAILS RECEIVED



1,405,993
SOCIAL MEDIA FOLLOWERS



1,363,937
VA INTERACTIONS



R88,816,184,375
DHMS CONTRIBUTIONS BILLED



436,164
NEW BUSINESS APPLICATIONS



542,632
HEALTH CHECKS

1. Oncology claimants 20,992 | 2. Conditions included in CIB are the 26 CDLs

Discovery Health provides comprehensive support to DHMS beneficiaries across all stages of the member lifecycle



MEMBER LIFECYCLE



NEW MEMBER & ONBOARDING

Membership activated every **25 seconds**



WELLNESS & PREVENTION

35 911 health checks per month



BENEFITS & SERVICE SUPPORT

R49 million paid in claims per working hour



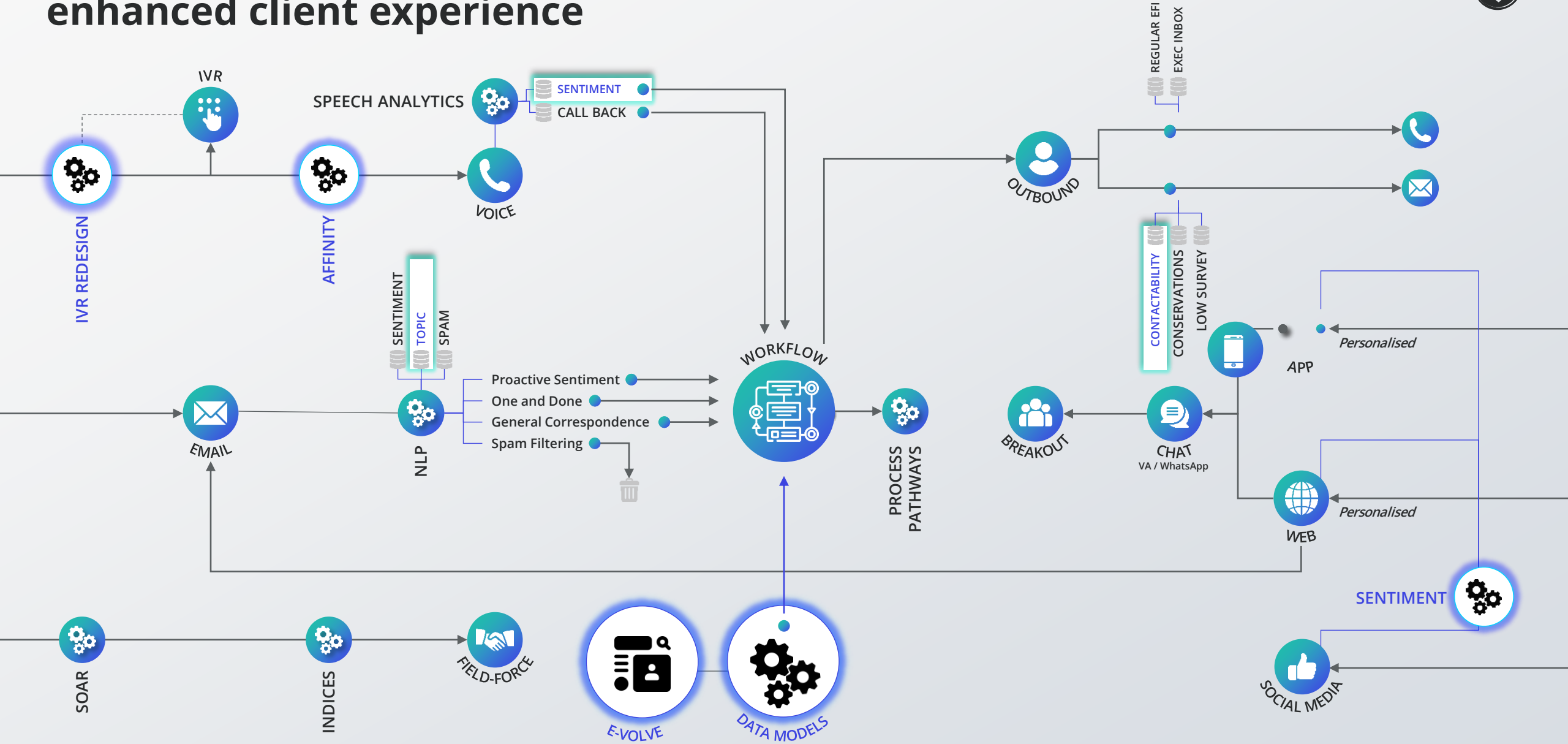
MANAGED CARE

2 785 hospital admissions approved per work day

DISCOVERY HEALTH OPERATIONS TEAMS

	DISCOVERY CARE	CENTRAL OPERATIONS SERVICES	CORE SERVICES	FUNCTIONAL ENABLEMENT	THE SERVICE LAB
FUNCTION	<p>Clinical advisory and medical review</p> <ul style="list-style-type: none"> Doctors & Nurses Pharmacists Case Managers <p>Complex funding and care coordination</p> <ul style="list-style-type: none"> Legal Ex Gratia Care Coordination CCP / MCP / AIB 	<p>Specialised operations</p> <ul style="list-style-type: none"> New Business Underwriting Non-Disclosure Executive Office Social Media Conservation 	<p>Core service operations</p> <ul style="list-style-type: none"> Call Centre Data Capturing Processing Billing Services Field-Force 	<p>Care and service functional support</p> <ul style="list-style-type: none"> Specialist Research Monitoring/Planning Manage Projects Operational Support Specialised Claims Member Care 	<p>Operations R&D and strategic Initiatives</p> <ul style="list-style-type: none"> Research Benchmarking Workforce Planning Product Ownership Communication Knowledge Quality Assurance
TEAM SIZE	589	576	2,310	178	204

Data science models enable personalised and precise service, and enhanced client experience



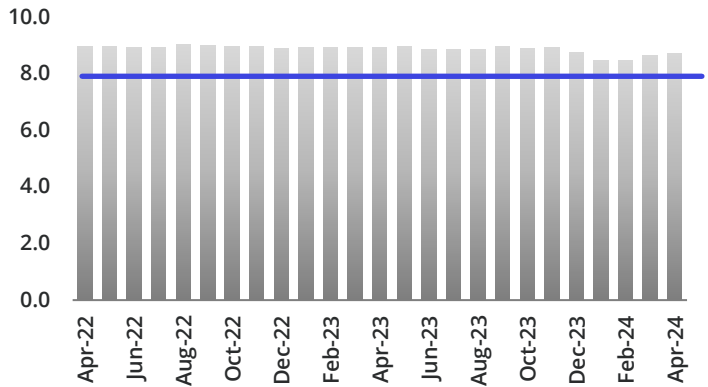
Discovery Health service ratings consistently high across all key stakeholders



CLIENT SENTIMENT

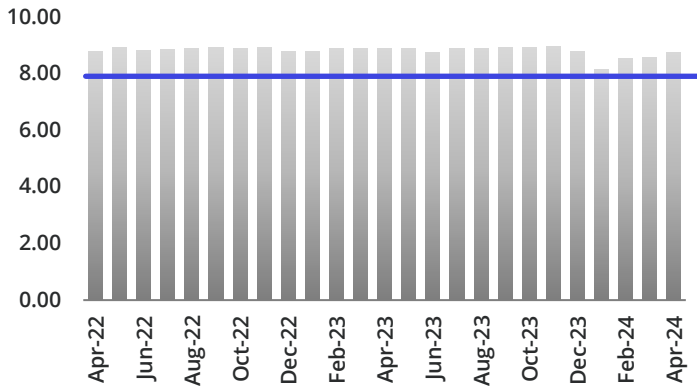
MEMBER

8.7
Apr 2024



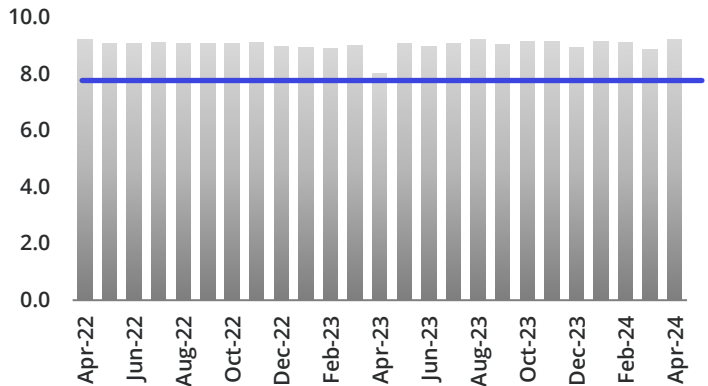
BROKER

8.6
Apr 2024



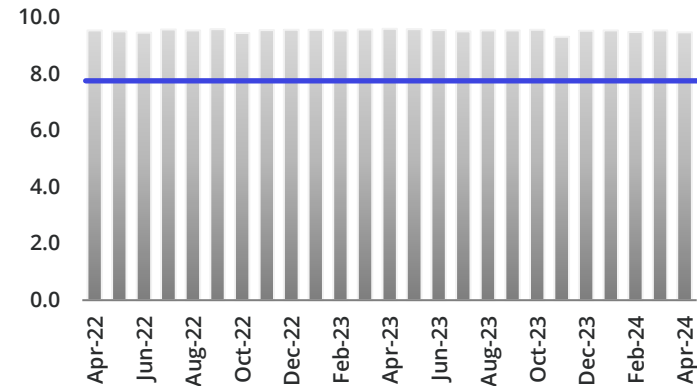
PROVIDER

9.2
Apr 2024



EMPLOYER

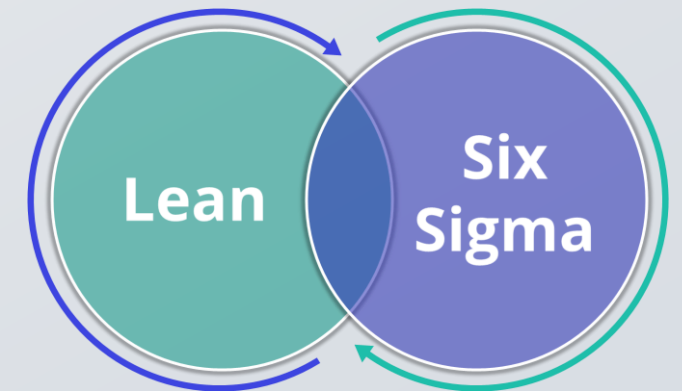
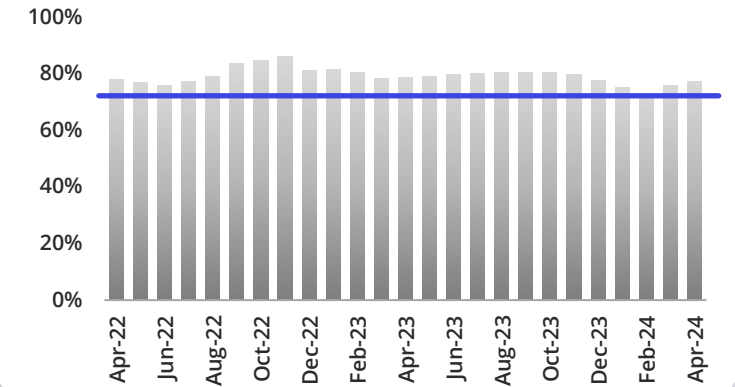
9.5
Apr 2024



CORE SERVICE METRICS

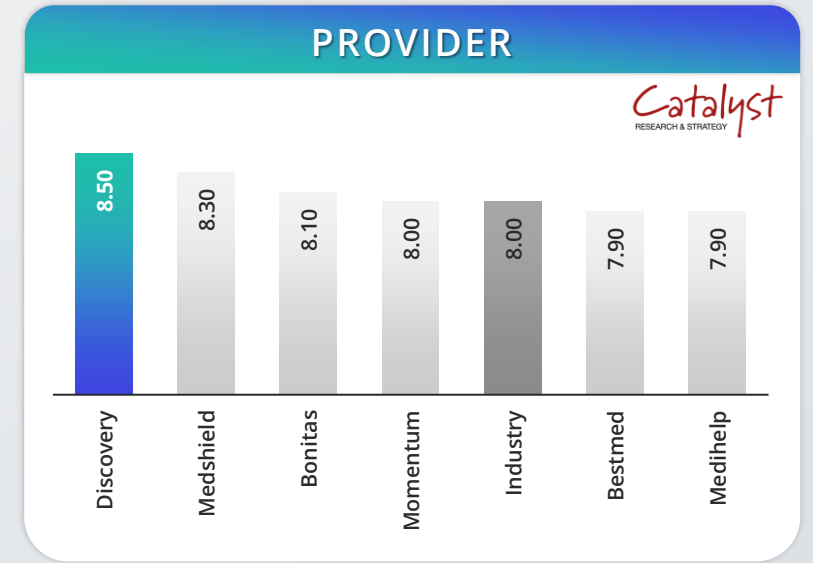
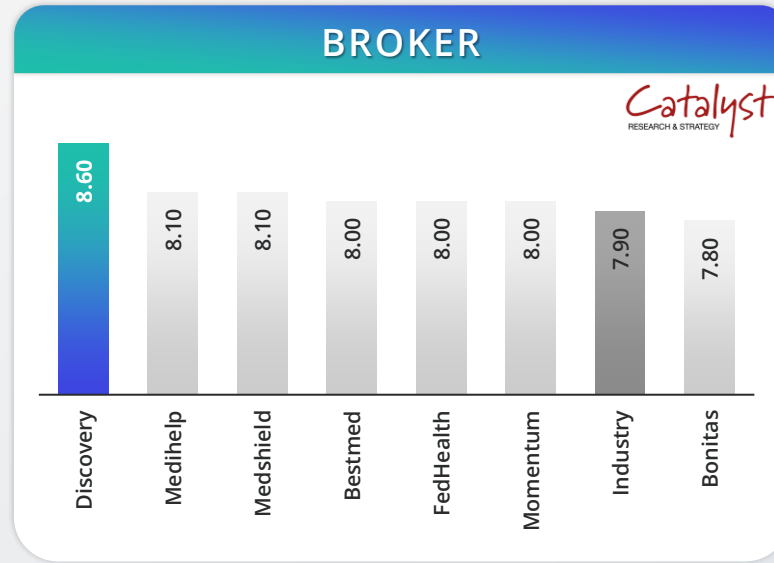
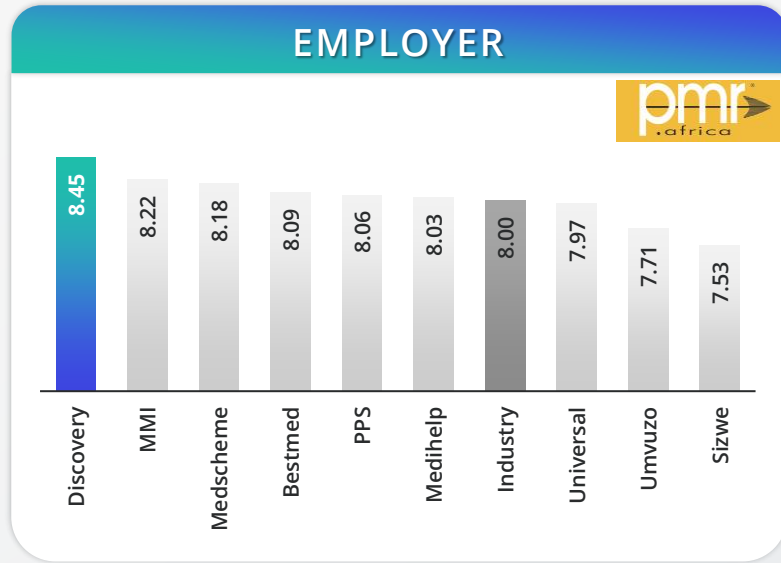
FIRST CALL RESOLUTION (FCR)

77%
Apr 2024



Continuous Improvement

Discovery Health widely regarded as the leading medical scheme administrator across the industry



INDUSTRY AWARDS



Connected Ecosystems & Marketplaces award
Qorus Awards 2024



Best Contact Centre Customer Experience Awards 2021



Best Domestic Contact Centre
CCMG Awards 2022



Product Suppliers of the Year
FAI Experience Awards 2023



Managed Care Study
NBG Consulting 2022/2023



New Supplier of the Year
Vitality Supplier & Partner Awards 2023

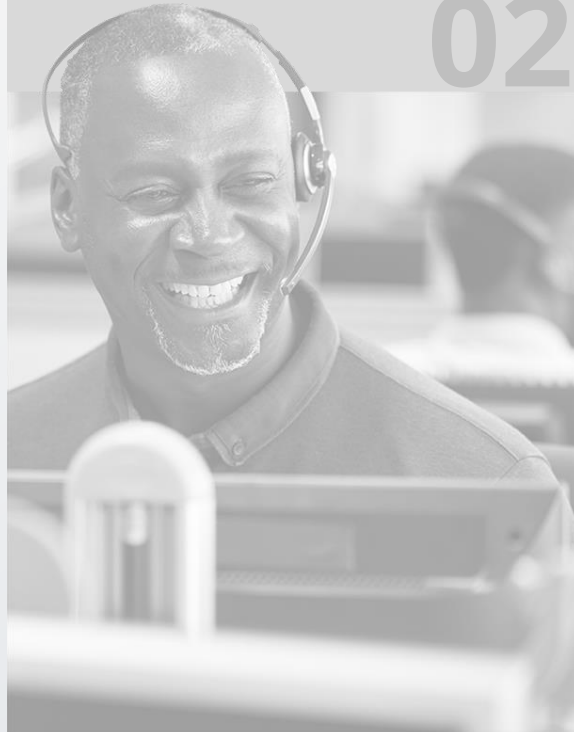
Agenda



01

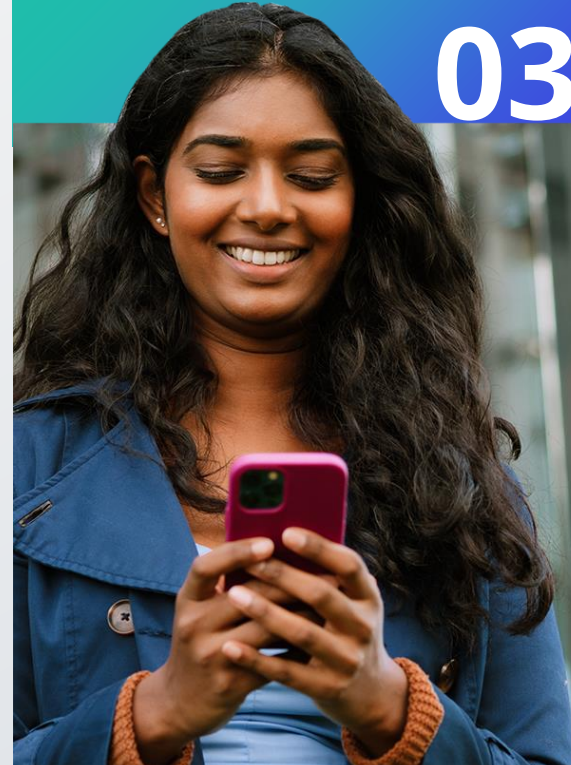


NHI
UPDATE



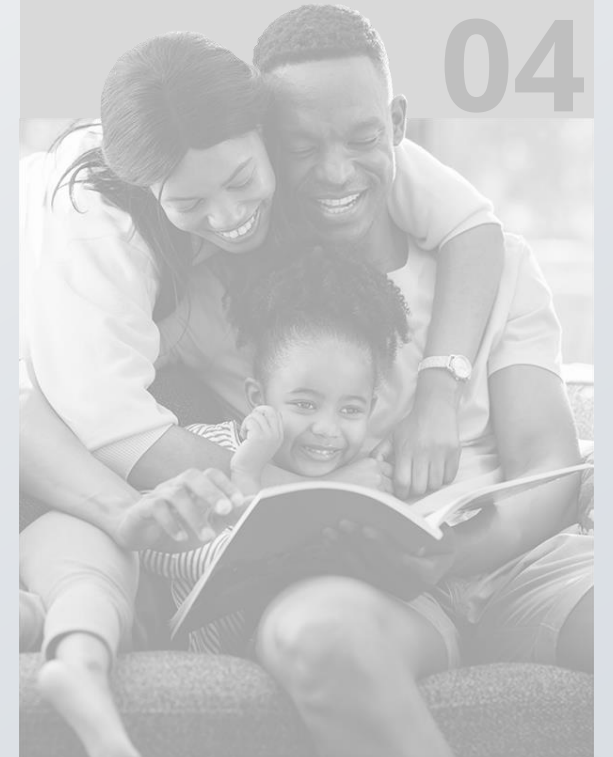
02

OPERATIONS AND
SERVICE EXCELLENCE



03

QUALITY, ACCESS AND
COST OPTIMISATION



04

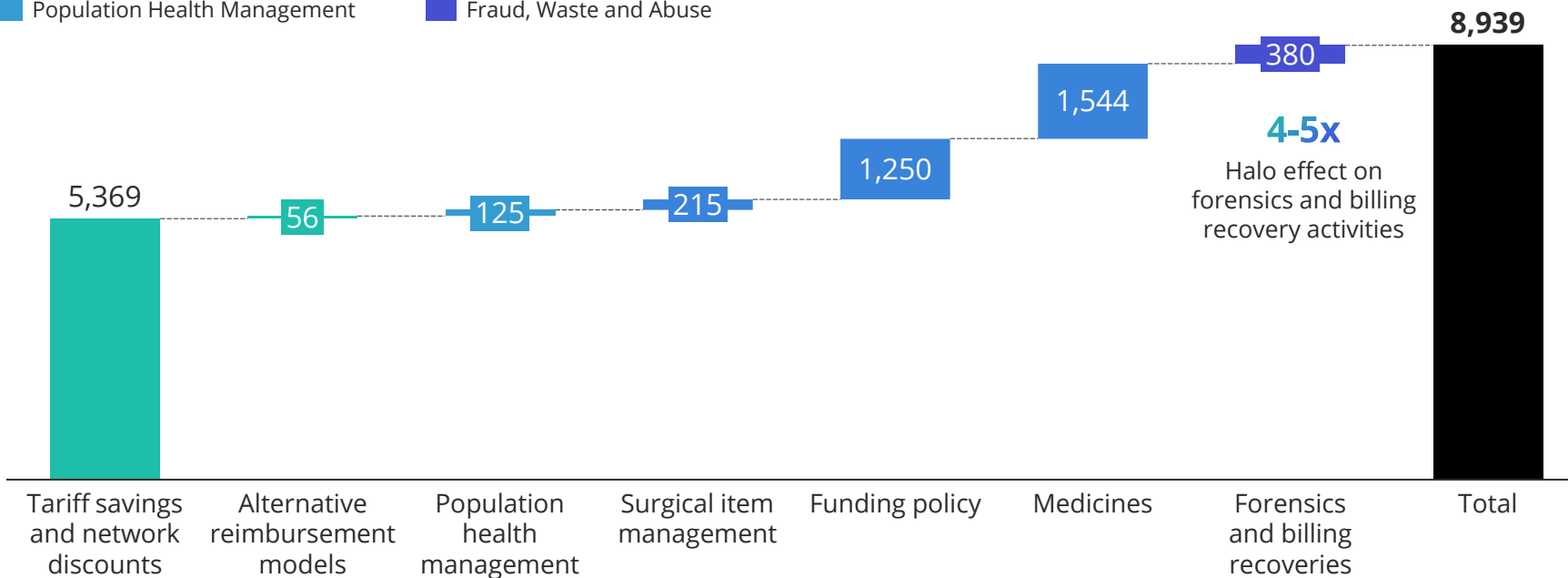
INNOVATION

Discovery Health managed care initiatives yield savings to the value of ~15% of DHMS risk spend annually



2022 Managed Care Savings¹ (R m)

- Contracting and Health Professionals
- Clinical Policy, Medicines and Medical Devices
- Population Health Management
- Fraud, Waste and Abuse



11.1%

Lower avg. contributions compared to next 7 open medical schemes²

R2.08

In value received for every R1.00 paid by DHMS in admin and managed care fees²

	2018	2019	2020	2021	2022	
Managed care savings p.a.	R6.7bn	R7.2bn	R6.7bn	R7.9bn	R8.9bn	R37.5 bn
Savings as % of risk spend p.a.	14.6%	14.9%	15.0%	14.7%	15.1%	

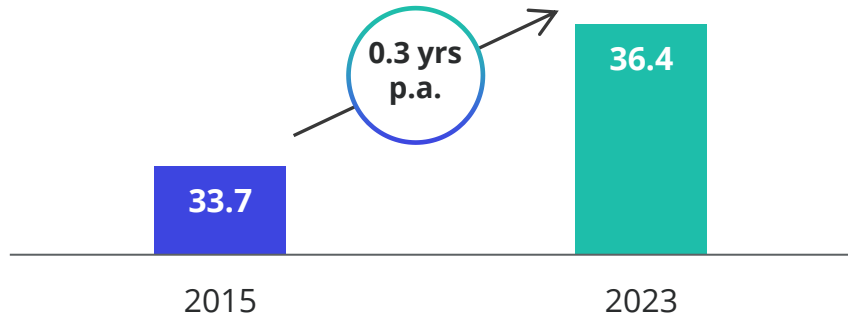
1. 2022 DHMS Managed Care report; 2. 2023 DHMS integrated report

DHMS average age increasing by 0.3 yrs. p.a., 305k more beneficiaries living with chronic disease since 2015



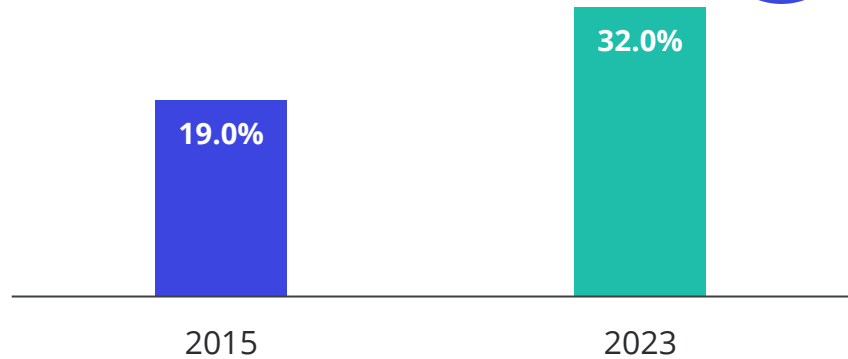
DHMS average age and chronic ratio

DHMS member average age



DHMS Chronic ratio (%)

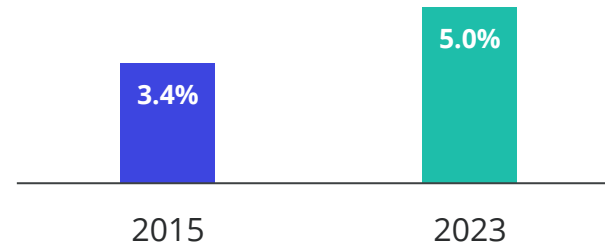
+305k
(910k)



DHMS chronic condition and prevalence (%)

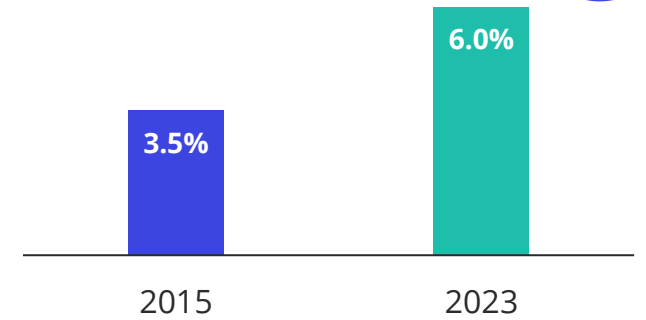
Diabetes

+64k
(158k)



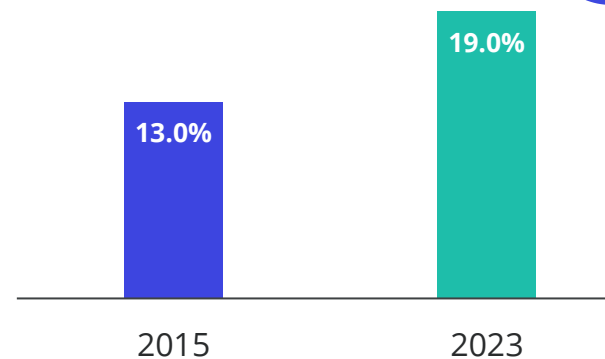
Mental Health

+94k
(172k)



Cardiovascular

+188k
(562k)



Oncology

+16k
(52k)



Significant increase in DHMS healthcare spend since 2019 – mainly because of increased disease burden, higher utilisation and cost of care



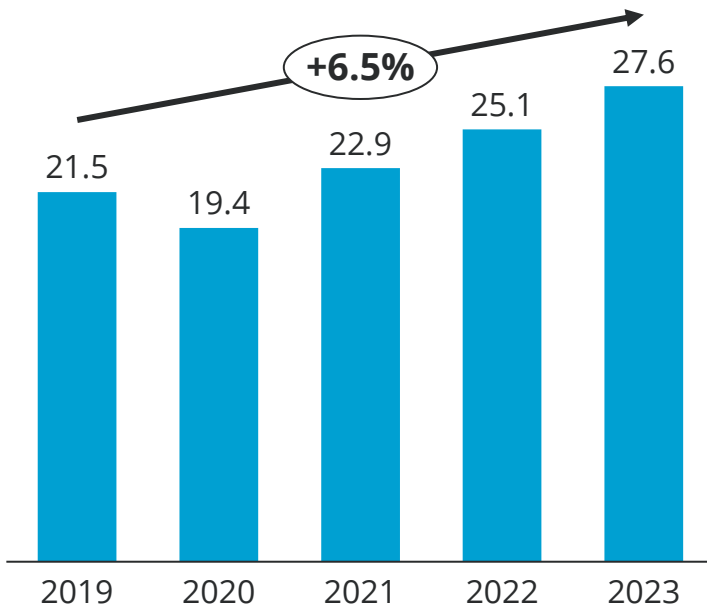
HOSPITAL SPEND (R bn)

96%

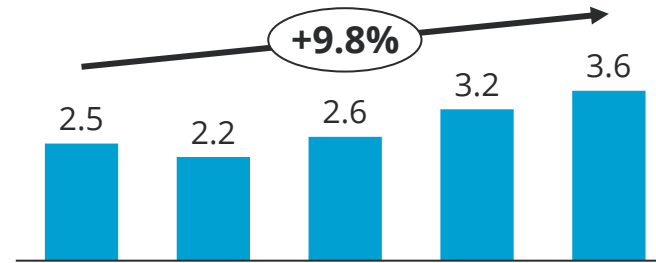
% of DHMS in-hospital claims paid vs 91% for all other open medical schemes¹

40%

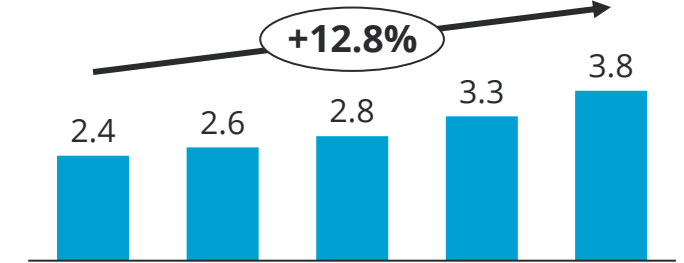
% of DHMS annual risk expenditure on hospitals



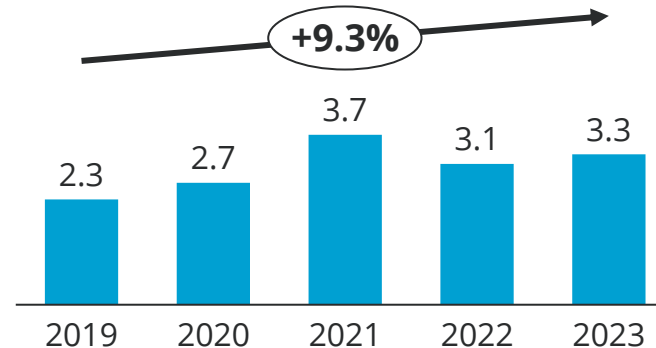
RADIOLOGY SPEND (R bn)



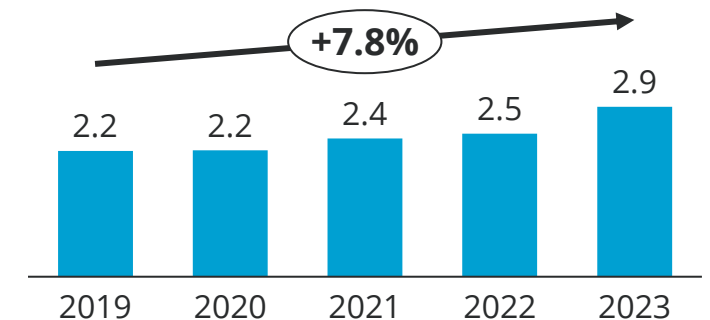
ONCOLOGY SPEND (R bn)



PATHOLOGY SPEND (R bn)

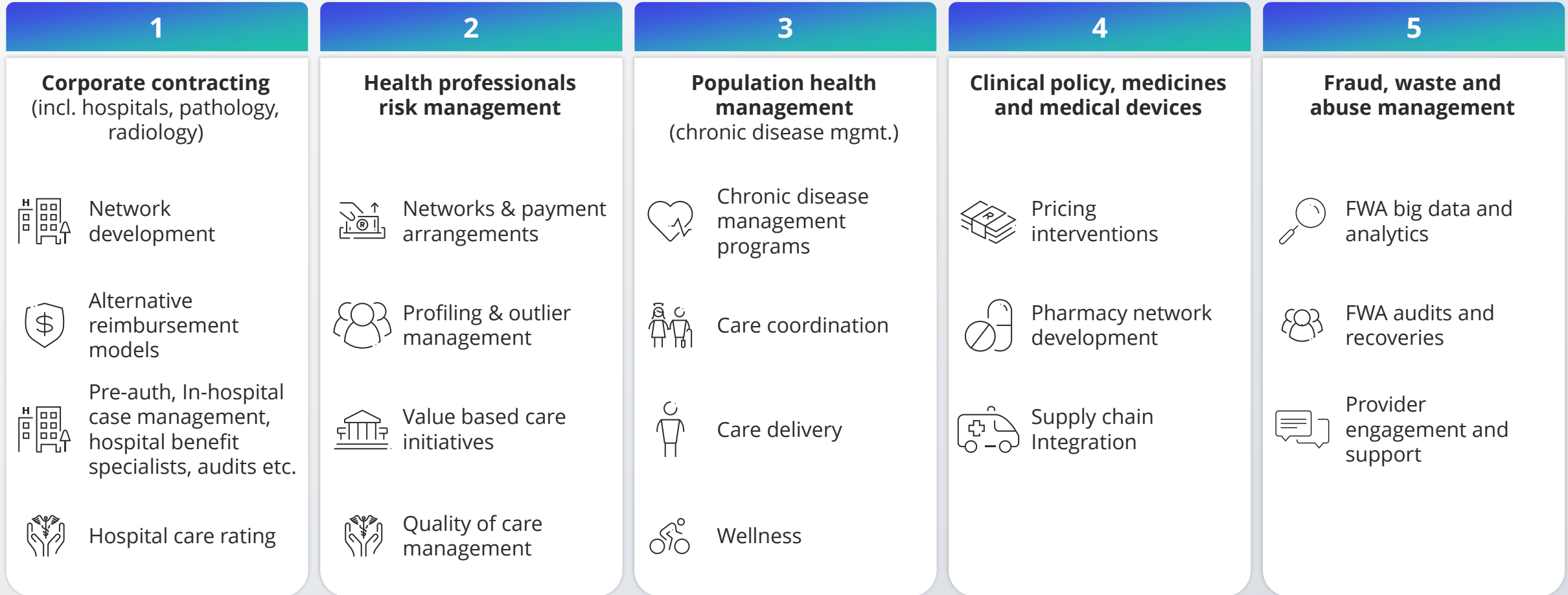


HIGH-COST DRUGS SPEND (R bn)



1. Based on claims amounts (CMS Annual report 2022). Comparative data not yet available for the 2023 year.
Source: DH data

A broad range initiatives to optimise access, quality and efficiency of healthcare services for DHMS beneficiaries



Increased quality and affordability through a range of provider networks

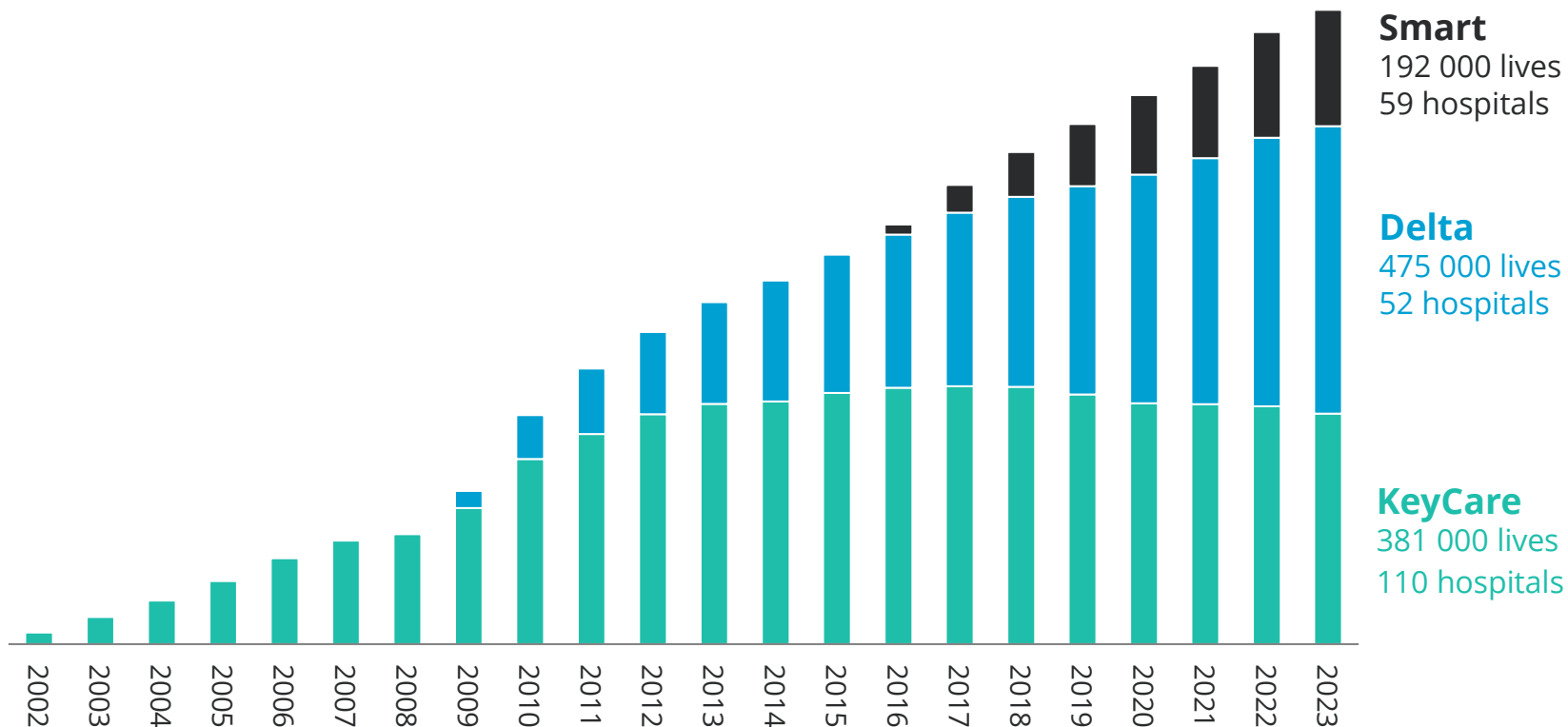


DHMS hospital network evolution

No. of lives

60% of new joiners join on network plan

1 048 000 (38%) lives on network options



Smart
192 000 lives
59 hospitals

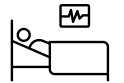
Delta
475 000 lives
52 hospitals

KeyCare
381 000 lives
110 hospitals

Other Networks



Specialists
>6724 specialists in direct payment arrangements (DPA)



Day Surgery Network
>145 facilities across day clinics and acute hospitals



Oncology Networks
>190 oncologists, with 52 radiation units and 120 chemotherapy centres



Pharmacy Networks
>2835 network pharmacies

R1.01 bn

Savings through hospital, day-surgery and pathology networks in 2022¹

1. 2022 DHMS Managed Care report
Source: DH data

Value-based care programmes to improve quality and outcomes



RENAL DIALYSIS



Performance against quality scorecard determines rates for the following benefit year.

80% of members on dialysis under VBC

ARTHROPLASTY



Bundled fee reimbursement model for knee replacement surgery (incl. doctor, prosthesis, theatre, physio etc.).

95% of events undertaken annually in arthroplasty VBC

CARDIO CARE



Flat episode fee for invasive angiograms and CT coronary angiograms. >23.5% reduction in invasive angiograms

40% of invasive angiogram events under VBC

MATERNITY



Maternity governance programme to monitor quality and efficiency of maternal care.

60% of the maternal pathways and deliveries under VBC

SPINAL



Spinal governance programme to reduce conversion rates to spinal surgery, better PROMs and lower revision rates.

>85% of qualifying spinal procedures in the network

DAY CLINICS



Lower tariffs at day clinics, and discounted rates from participating acute hospitals.

>7% of surgeries in a day clinic setting

Extensive engagement with healthcare professionals to provide support and strengthen the health system



Future of SA Health

Collaborative think-tank of senior doctor leaders charting the way forward for the healthcare industry (incl. practice design and telemedicine).

Regulatory engagement

Collaborative forums addressing regulatory developments in the industry (incl. FWA, NHI).



Health Professionals conferencing

Discovery Health actively participated in and supported more than 42 healthcare conferences in 2023.



Supporting our doctors

Discovery Field Force: In-person engagements with doctors to drive shared value initiatives, care management programmes and digital health adoption.

Doctor Resilience Suite: Supporting the wellbeing of healthcare professionals through Vitality Active Rewards for doctors and the Young Doctor Mental Health helpline.

Future Proof Your Practice Programme: collaboration with Henley Business School providing training courses to empower health professionals with business skills in a post pandemic environment.



DISCOVERY
FOUNDATION

Since 2006, the Discovery Foundation has invested in supporting academic medicine through research and development and trained 10% of South Africa's medical sub-specialists, of which 75% are in the public sector.

+R320m

grants for

405

individual specialists since 2006



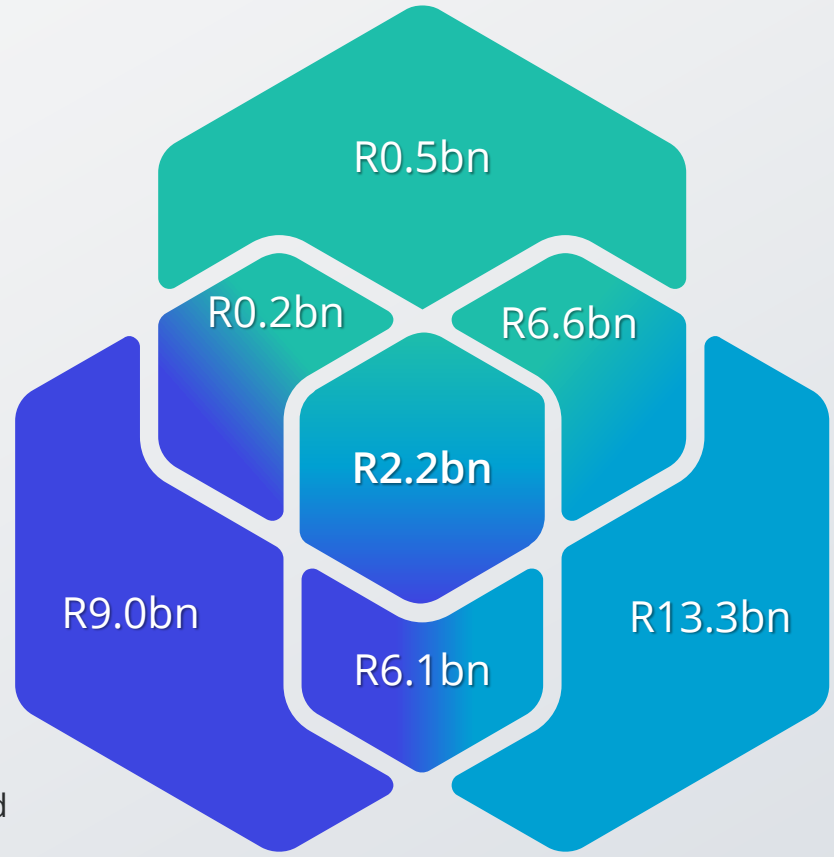
Discovery Health population health management interventions focus on biggest areas of spend and greatest potential impact

Diabetes (R9.5bn) Members: 148,266

- Significant growth in prevalence
- Major funding change through primary care investment

Mental illness (R17.5bn) Members: 445,653

- Significant growth in prevalence
- Major in and out of hospital utilization and costs



~R37.8bn (58%)
of total scheme expenditure related to members living with diabetes, mental illness and/or cardiovascular disease.

Oncology
is the 4th largest cost driver **R8.8bn**
70% of oncology spend is associated with members also living with one of the top 3 conditions.

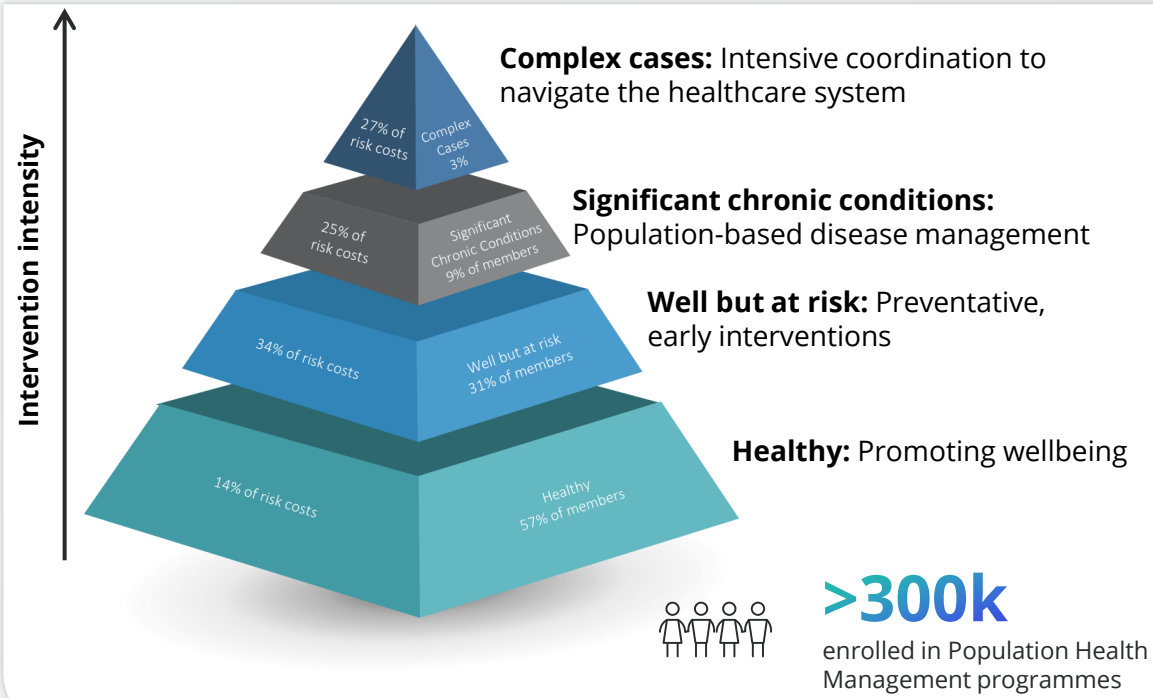
Cardiovascular disease (R28.1bn) Members: 530,487

- High prevalence which continues to grow
- High treatment cost per patient for long-term complications

Comprehensive population health management programmes supporting members living with chronic disease



PREDICTIVE AND RISK-BASED APPROACH



CARE PROGRAMMES

- Diabetes Care**
Comprehensive diabetes disease management
- CardioCare**
Integrated chronic disease model for hypertension, hyperlipidemia and IHD
- Mental Health**
Primarily focused on depression and anxiety
- Oncology**
Chemotherapy, radiotherapy, specialist services
- HIV Care**
Access to HIV basket of care with additional psychological support
- Kidney Care**
Members on chronic dialysis
- Complex Cases**
Small population, multi-morbid with very high costs
- Advanced Illness**
Early support and coordination for terminal conditions

CUSTOMISED TOOLS AND PROCESSES



Predictive analytics



Screening assessments

- Blood glucose ⚠️
- BMI ●
- Blood pressure ⚠️



Chronic care benefits



Digital healthcare delivery

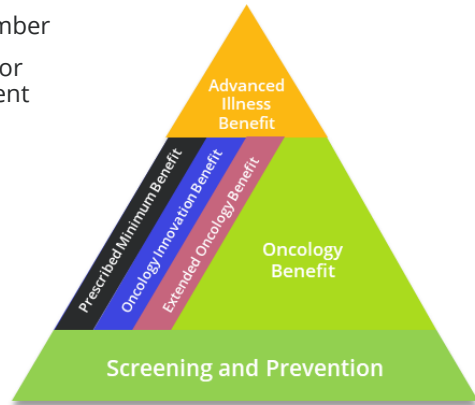
High-cost drugs are a significant contributor to oncology costs



MARKET-LEADING ONCOLOGY BENEFITS

ADVANCED ILLNESS BENEFIT

- Unlimited palliative care
- Network of palliative care providers
- Proactive member
- Engagement for early enrollment



TREATMENT BENEFITS

- Comprehensive oncology treatment benefits across all plans
- Access to high-cost innovation molecules, novel treatments and precision medicine



>120
Chemotherapy facilities


52
Radiation units



190
Oncologists




ONCOLOGY ACCOUNTS FOR ~50% OF HIGH-COST DRUG SPEND

 **52-YEAR-OLD MALE**
MALIGNANT MELANOMA

+R4.3m
On Keytruda






 **53-YEAR-OLD FEMALE**
MULTIPLE MYELOMA

+R1.6m
On Darzalex

 **63-YEAR-OLD FEMALE**
BREAST CANCER

+R1.5m
On Enhertu

SPEND ON TOP 5 ONCOLOGY DRUGS, 2023 (R m)

Keytruda	148.9	290 
Darzalex	39.2	64 
Venclexta	13.7	62 
Tagrisso	12.0	26 
Lynparza	11.0	26 

+R225m
Spend on top 5 drugs

1. DHMS data (2019 – 2024 June)

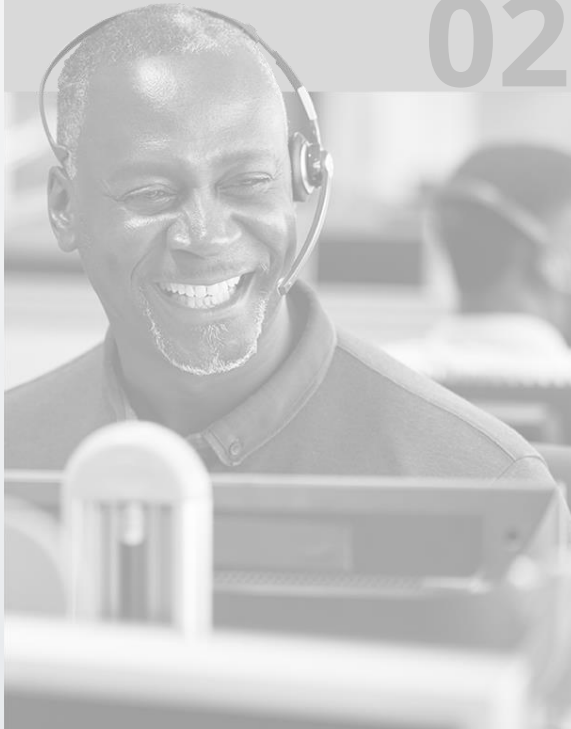
Agenda



01

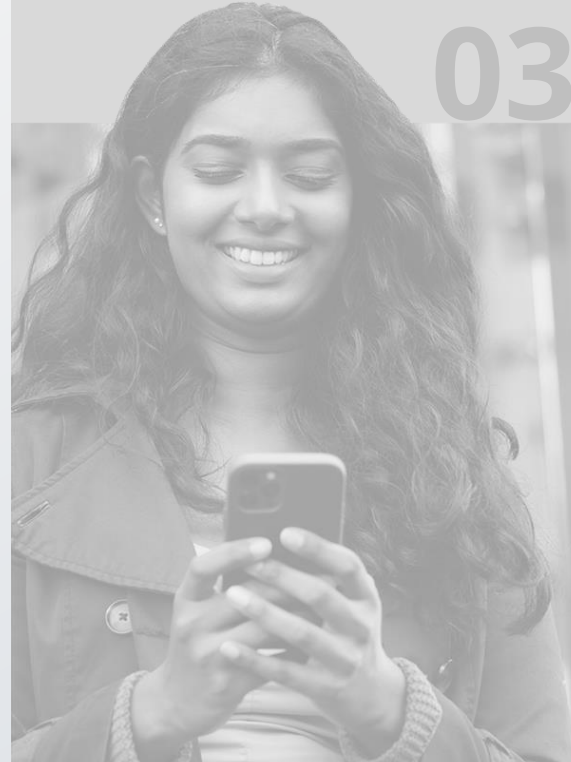


NHI
UPDATE



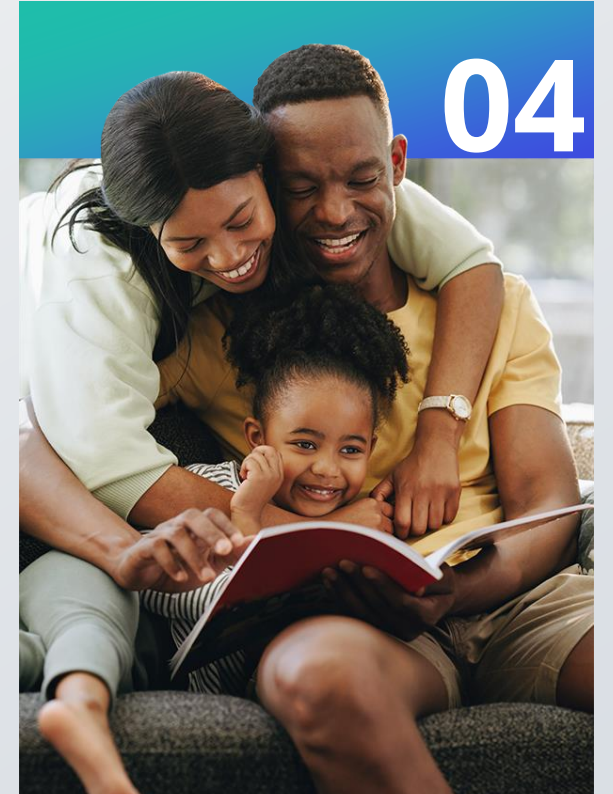
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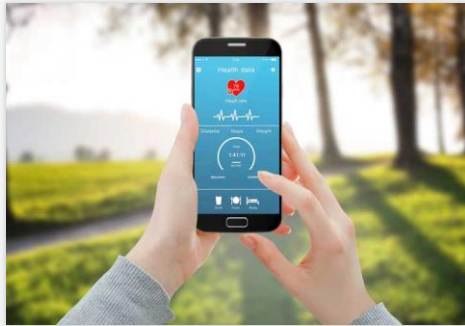
04

INNOVATION

Discovery Health innovation in line with global healthcare trends; DHMS members at the centre of all innovation



IN YOUR HANDS



Proliferation of mobile health apps solutions with more than 50,000 iOS Health Apps available today

AT HOME



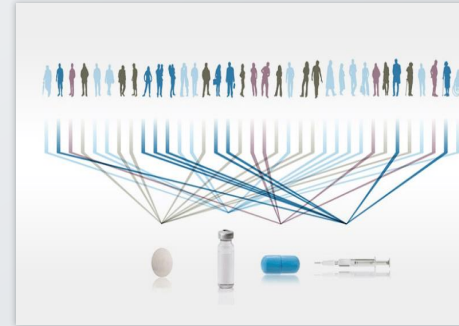
Substantial growth in at home treatment and health monitoring solutions (incl. hospital at home)

ACCESSIBLE



Increasing shifts towards day surgeries, same day procedures, in-rooms procedures, retail clinics etc.

PERSONALISED



Big data and AI enabling hyper-personalisation of healthcare and precision medicine

VALUE AND VALUES



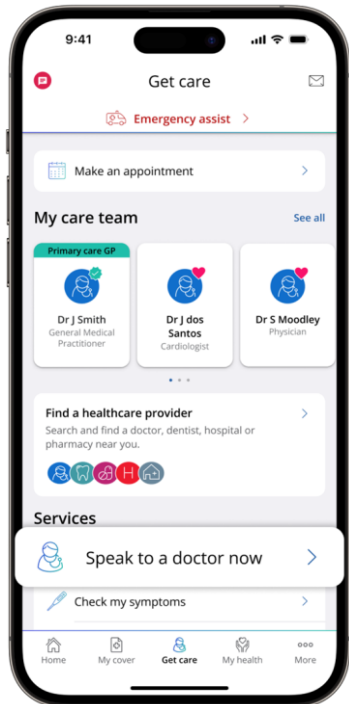
Consumers seeking good value + trusted and socially conscious partners in meeting their healthcare needs

New Discovery Health App is the digital front door for the health system



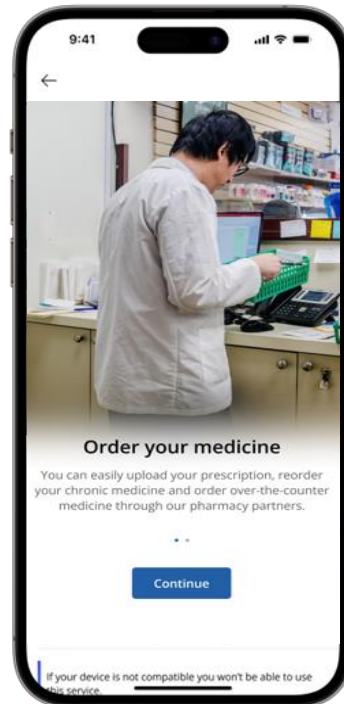
SPEAK TO A DOCTOR NOW

Speak to a doctor for urgent care



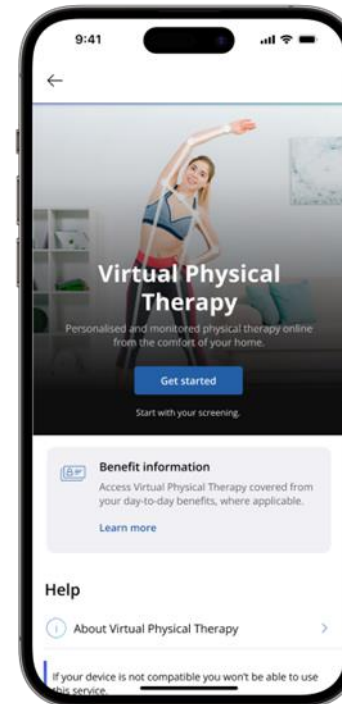
ORDER MEDICINE

Order over the counter meds through our pharmacy partners



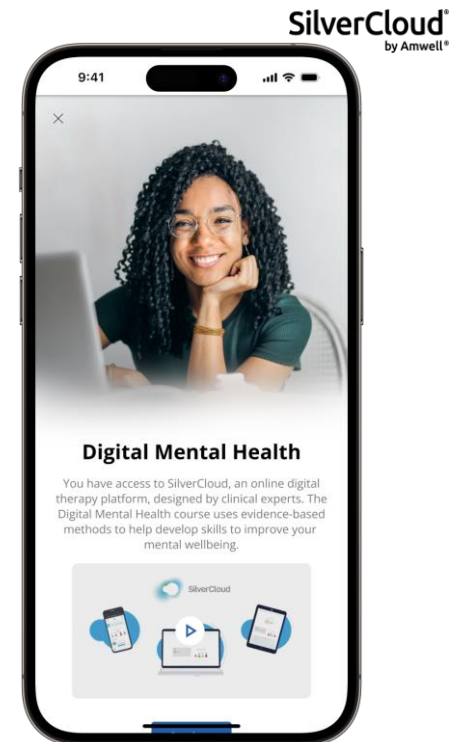
VIRTUAL PHYSICAL THERAPY

Professional support for musculoskeletal recovery



DIGITAL THERAPEUTICS FOR DEPRESSION

Convenient access to clinically-proven therapy

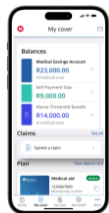
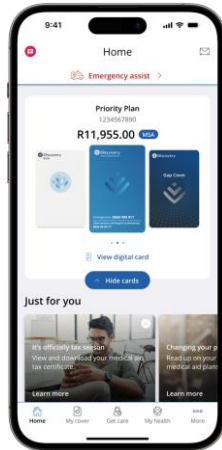


Together, the Discovery Health App and HealthID bring to life a unique digital health ecosystem for DHMS members

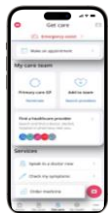


Member Health App

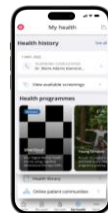
(Consumers)



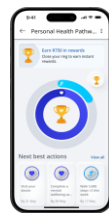
My cover
(manage funds)



Get care
(speak to a doctor now; virtual physical therapy; digital therapeutics)



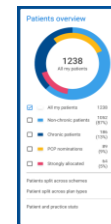
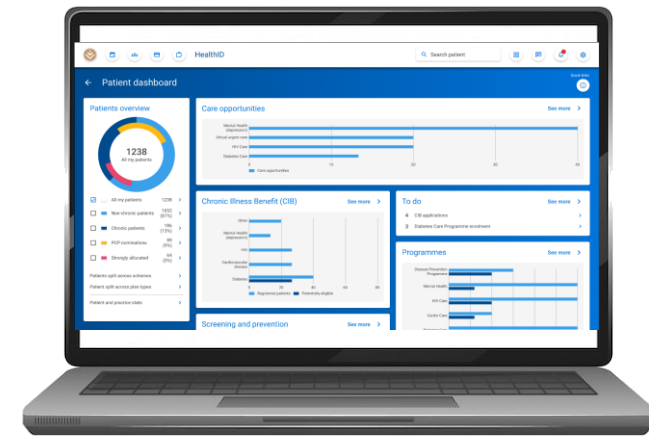
My Health
(Health history)



Personal health pathways

Health ID

(Healthcare Providers)



Patient overview



Chronic illness programme registration



Patient programme status

Alternative settings of care promoting greater accessibility

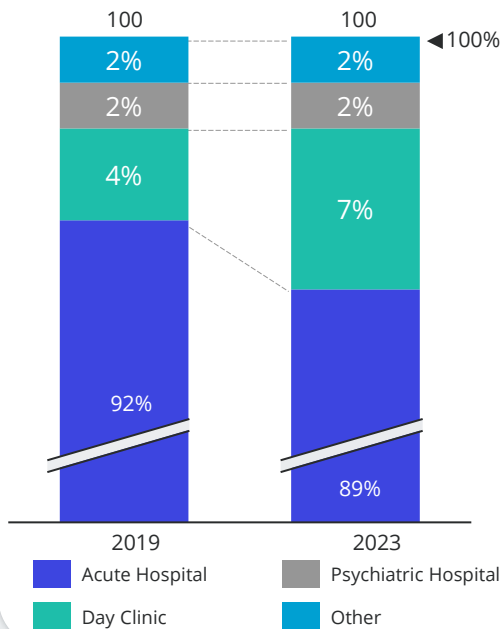


DAY CLINICS

Routine surgeries shifting from acute hospitals to day clinics

53%

of surgeries in the US in outpatient setting



POINT OF CARE

Imaging and lab services shifting from hospital to ambulatory sites and the bedside



61%

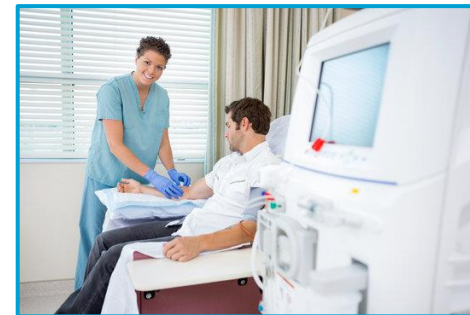
Private pathology testing could be conducted on point-of-care devices

R2.8bn

Estimated Rand value that could be channelled to point-of-care devices

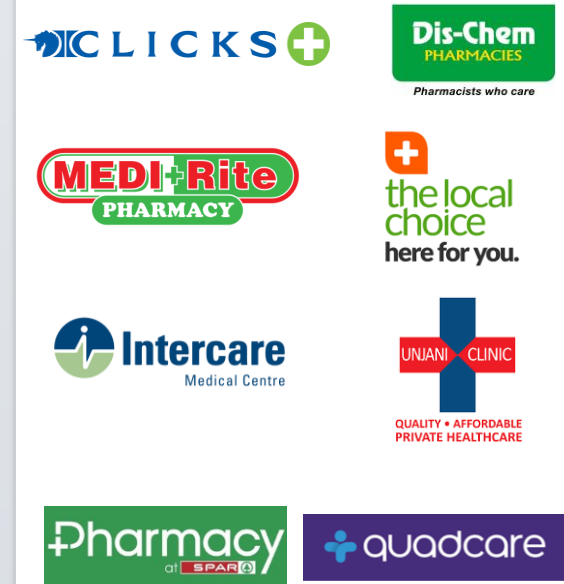
CONVENIENT CARE CENTRES

Treatments shifting to bespoke out-of-hospital and convenient care centres



RETAIL-BASED PRIMARY CARE CLINICS

Primary care shifting from traditional practice settings to retail settings



Sophisticated data science and AI to make healthcare more personalised and precise for members of DHMS



>30 YEARS CLINICAL, LIFESTYLE & BEHAVIOURAL INSURANCE DATA

LIFESTYLE DATA

Exercise
Sleep
Nutrition

BEHAVIOURAL DATA

Engagement
Propensity
Resilience
Intervention response

CLINICAL DATA

Pathology
Doctor consults
Screening
Claims experience
Admissions

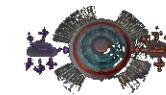
Family history
Chronic conditions
Medication
Care programmes
Coaching

SCIENCE-BASED CLINICAL AND MEDICAL EXPERTISE

POPULATION
HEALTH MANAGEMENT



HEALTH
PATHWAYS



CLINICAL
GUIDELINES

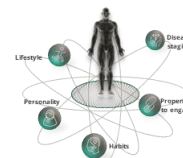


LIFESTYLE &
BEHAVIOURAL INSIGHTS

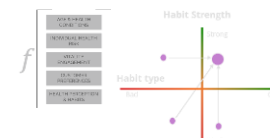


ADVANCED MACHINE LEARNING & DATA-SCIENCE

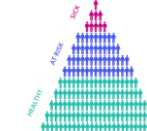
PERSONALISED
RISK ALGORITHM



ACTUARIAL, RESONANCE
& HABIT OPTIMISATION



PERSONALISED
PATHWAYS



NEXT
BEST ACTIONS

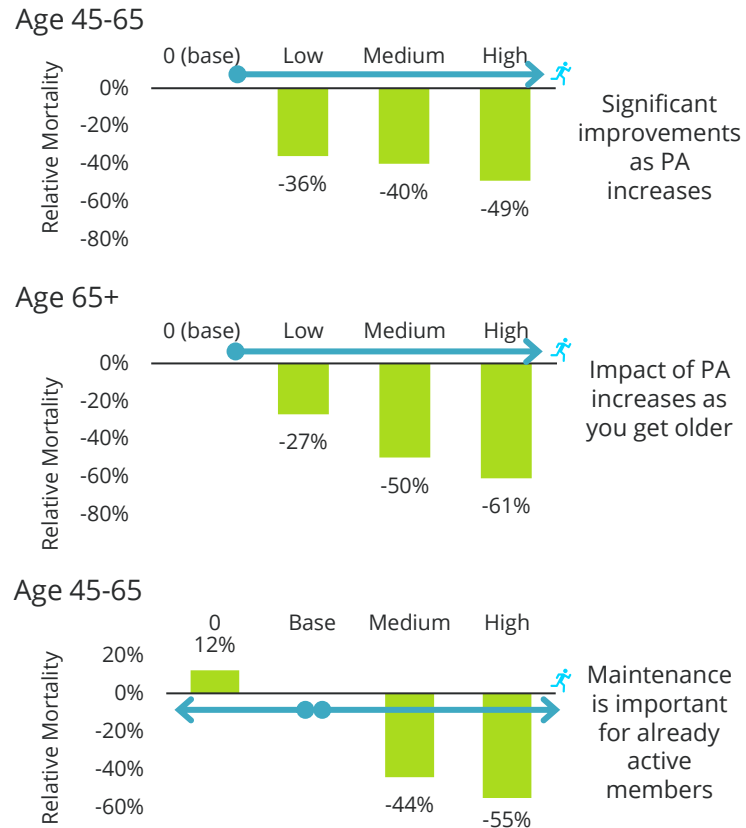


Clinical and lifestyle behaviour change proven to reduce mortality and healthcare costs



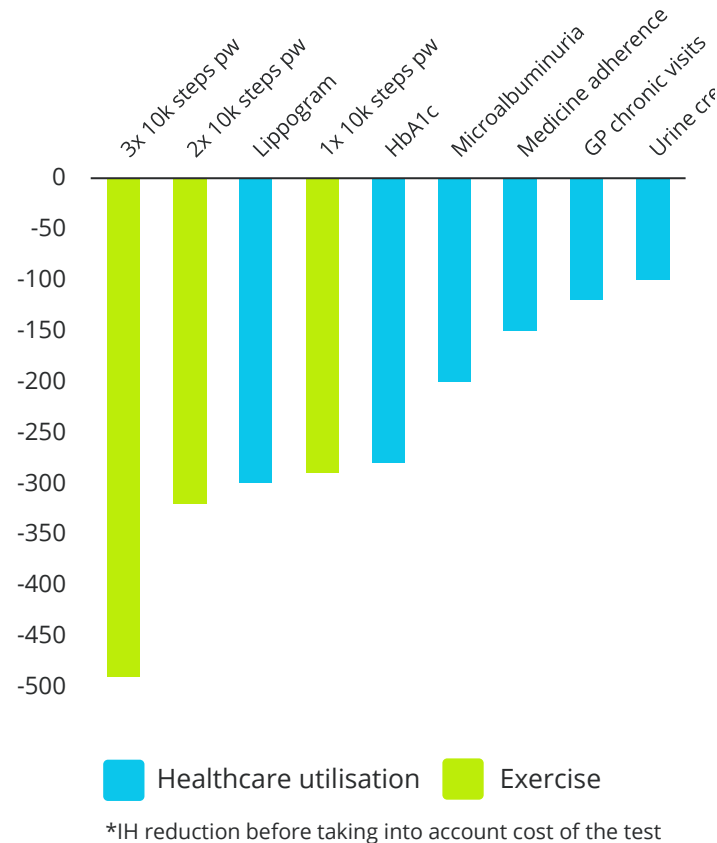
REDUCED MORTALITY RISK

Relative mortality



REDUCED HEALTHCARE COSTS

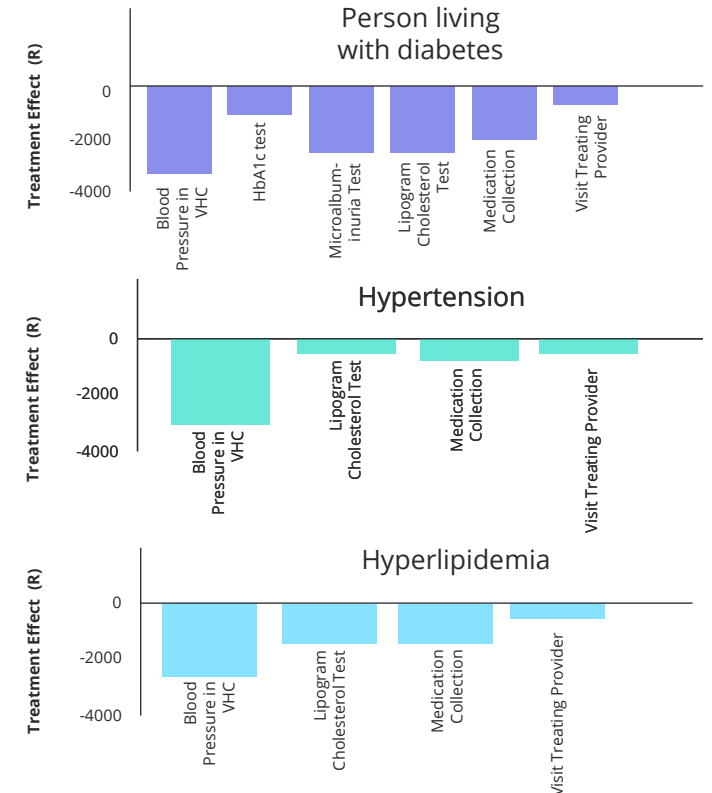
In-hospital reduction* (over 1 year)



IMPROVED BEHAVIOUR AND HABITS

Value of healthy habits

(Causal risk-adjusted model)



Personal Health Pathways available to all 2.1 million DHMS adult members



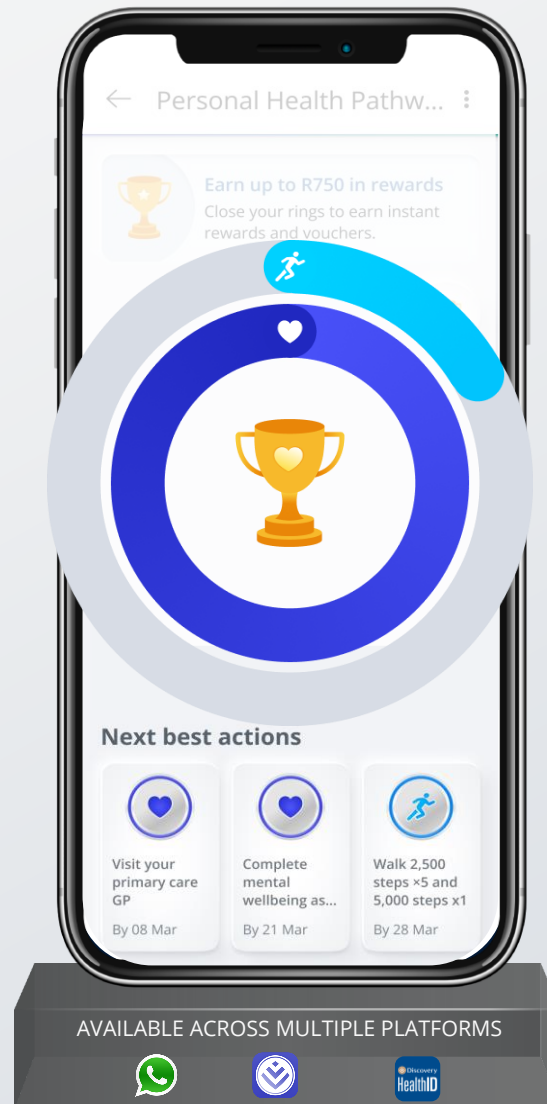
Personalised next best actions

Optimised for engagement

Recommended actions designed to maximize engagement and health outcomes

Dynamic

Actions, pathways adapt to changing health, chronic conditions, habit formation and engagement recorded



Health and lifestyle progress

Healthy actions ring

Complete recommended next best actions to close ring. Unlock rewards based on value to the Scheme when closing ring

Exercise ring

Weekly physical activity ring including gradual, step-based actions to promote engagement for unengaged populations and healthy habit formation

Rewards optimised for engagement and cost

Optimised for engagement

Rewards based on impact on long-term health, cost to the Scheme and propensity to engage

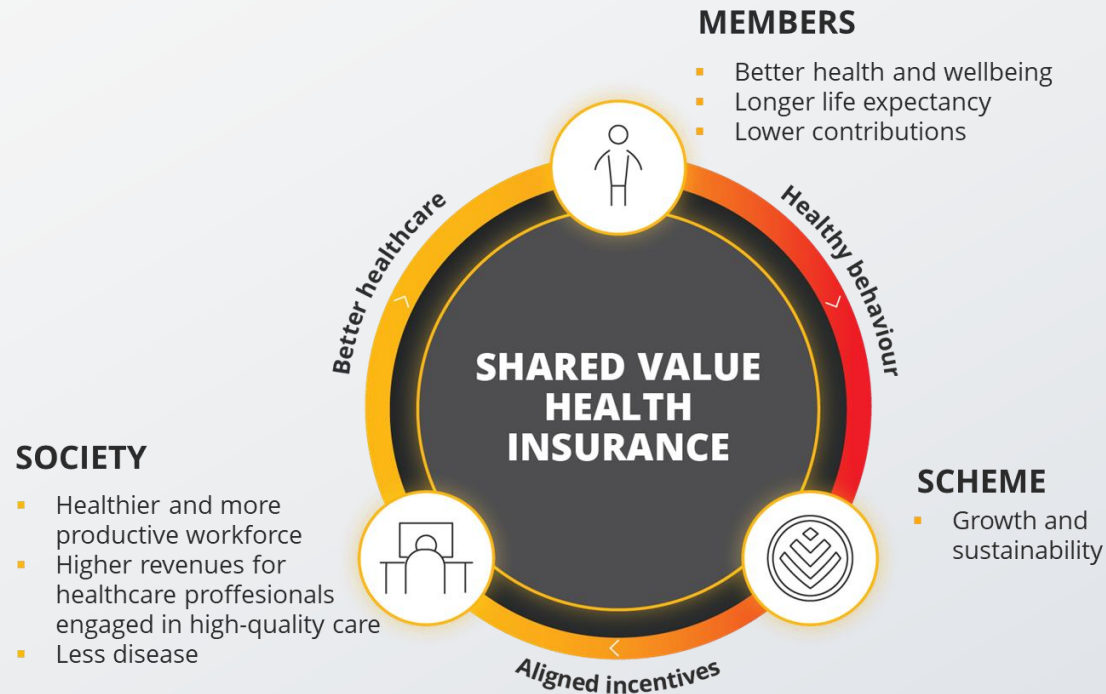
Dynamic

Rewards adapt to changing health, chronic conditions, habit formation and engagement recorded



Value

Values



Our core purpose is to make people healthier and to enhance and protect their lives