



MEMBER NEWSLETTER

ISSUE 3: JULY/AUGUST/SEPTEMBER 2022

We hope that you are keeping warm and safe as we approach the peak of winter. With the fifth COVID-19 wave now officially behind us, we hope that you and your loved ones will breathe a collective sigh of relief as we gear up towards the warmer and more sociable weather conditions that comes with the spring season.

In this issue, we remind you of the Scheme's value proposition, tell you more about the latest monkeypox epidemic and to look out for the signs of when to visit your dental healthcare professional.

We welcome any suggestions that you may have on articles or member benefits you would like to see published in future newsletters. Please send your suggestions to the Scheme Manager, Eugene Eakduth, by email to eugene.eakduth@momentum.co.za.

The Scheme's value proposition

Over the past few years, PG Group Medical Scheme has taken some bold steps to be leaders in the closed-scheme landscape by providing excellent value for money in benefits and at the same time, granting various relief measures to our members. These included granting contribution holidays (in both 2020 and 2022) and obtaining special COVID-19 approval to allow members with positive savings balances to fund their contributions from these balances. The Scheme was able to change the contribution increase date from January (when most medical schemes effect their increases) to April, aligning with PG Group's annual salary increases. These measures have not only provided much-needed relief to our members whose income was negatively impacted by the national lockdowns, but also gave the Scheme the enviable status of being the only medical scheme in the country to have granted contribution holidays twice in three years.

This feat is testament to the healthy state of our Scheme and the good governance that comes through the skills and expertise of our administrators, Trustees and various Scheme sub-committees, who all play a hand in the smooth and efficient running of the Scheme. Our service providers also contribute to the overall vision of the Scheme, which is a non-profit entity, with the sole purpose to offer superior benefits to our members at a reasonable price.

From time to time, it is important for any organisation to take stock of their performance and impact to their clients, or in the case of medical schemes, their members. The Scheme has continued to review its performance to ensure it is making a positive contribution to the lives of its members.



Findings from the Scheme's performance review

- **We have strong and healthy reserve levels.** The Council for Medical Schemes' (CMS) required reserve ratio is at 25%, but the Scheme boasts reserve levels in excess of 100%, which means we are able to contain and pass lower annual contribution increases, and also grant contribution holidays for our members.
- We are privileged to be a closed scheme, which results in a **better risk profile of members** in comparison to the rest of the medical aid industry.
- **We don't have the additional expenses that open schemes have**, such as broker and marketing costs, so contributions are fully used for the benefit of members.
- The Scheme was able to **change contribution increases to April**, aligning with the PG Glass Group's annual salary increases, instead of January when most of the other schemes effect their increases.
- We have used the same **generous medication formulary** for many years, thereby assisting members with a wider variety of treatment options for their medical condition(s).
- We have had **no benefit reductions** over the past few years. While other schemes may have adopted these measures to keep their contributions affordable, we have maintained our benefits while still staying below the industry average of contribution increases.
- As a new employee, **you are covered from the day you join the Scheme**, you still have the option to purchase your medication from the pharmacy of your choice, and there are no restrictions to which hospital or specialist/doctor you can go to for treatment. With other schemes, there may be a waiting period or an exclusion for any pre-existing conditions.
- Our **well-established administrator, Momentum Health Solutions**, has administered the Scheme for more than 20 years, understands our philosophy and is able to plan for upcoming trends and claims cycles. The administrator provides the Scheme with guidance on changing market trends and new technologies that are entering the medical scheme landscape.
- The Scheme is protected by the administrator's vast and **comprehensive medical aid fraud, waste and abuse management programme**. Industry statistics reveal that approximately 30% of claims are related to fraud, waste and abuse. This worrisome trend drives up claims costs, which may lead to higher contribution increases.

The table below reflects a brief history of our contribution increases over the past 10 years against the closed medical schemes' average increases and the inflation rate, with the reserve levels for the Scheme per year:

Year	PG Group Medical Scheme contribution increase	Closed schemes' average contribution increases	South African inflation rates	Reserve level
2010	0.0%	11.6%	4.06%	113%
2011	4.0%	11.1%	5.02%	104%
2012	3.5%	9.6%	5.72%	109%
2013	3.0%	7.8%	5.78%	104%
2014	7.0%	8.4%	6.14%	95%
2015	8.0%	9.2%	4.51%	87%
2016	8.0%	8.6%	6.59%	84%
2017	8.0%	12.0%	5.18%	72%
2018	8.5%	6.1%	4.50%	76%
2019	8.2%	7.3%	4.12%	76%
2020*	6.7%	6.9%	3.22%	96%
2021	3.0%	7.1%	4.55%	99%
2022*	4.2%	-	5.73% YTD	108% YTD

*2020 and 2022 in **bold** print denotes contribution holiday passed in that benefit year by PG Group Medical Scheme.

You will notice how our healthy reserves (near 100%) enabled much lower increases when compared to other South African medical schemes. We hope that this assessment of the Scheme will confirm the value of our closed scheme to our members. We look forward to creating more value and success stories together, going forward.

Thank you for your continued support.

PG Group Medical Scheme is administered by

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Everything you need to know about monkeypox

Monkeypox is caused by a pox virus that occurs mainly in wild animals, such as rodents and primates most commonly found in West Africa – it has not been seen across the world in large numbers. It is a viral zoonosis, meaning it is transmitted from animals to humans. The primary transmission mode is believed to be through direct contact with infected animals or possibly eating the poorly cooked flesh of infected animals, while human-to-human transmission is considered a secondary mode of transmission.

Monkeypox was first detected in laboratory monkeys, however, rodents seem to be the major carrier and transmitter of monkeypox in Africa. The current outbreak is extraordinary, because the first reports were from the United Kingdom on 7 May 2022. To date, there have been more than 100 confirmed cases from 15 different countries where there is no endemic* transmission of the virus in animals.

Transmission of the virus

This virus can be transmitted to a person upon contact with an infected animal, human or materials.

The virus enters the body via:

- broken skin (even if not visible)
- the respiratory tract
- the mucous membranes (eyes, nose or mouth)
- handling infected bush meat
- an animal bite or scratch
- bodily fluids
- contaminated objects
- close contact with an infected person through large respiratory droplets – prolonged face-to-face contact is required, as large respiratory droplets cannot travel more than a few feet
- mother-to-foetus transmission.

Individuals who are most at risk

- Those in contact with live or dead animals, who consume wild game or bush meat or who come in close contact with an infected animal
- People who live with or have close contact, including sexual contact, with an infected person
- Healthcare workers who treat infected patients

Signs and symptoms

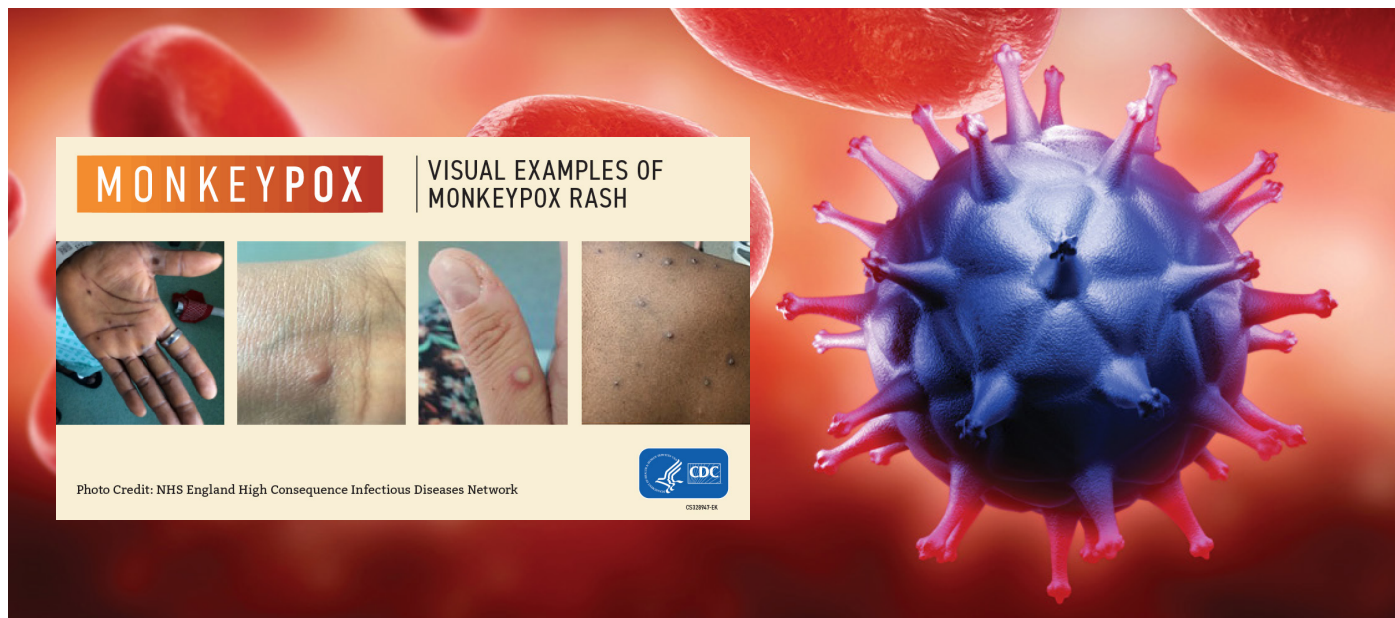
The time from infection to symptoms (incubation period) for monkeypox is usually seven to 14 days, but can range from five to 21 days. The illness typically lasts for two to four weeks. An individual with monkeypox is considered contagious from the onset of the rash/lesions through the scab stage, not during the incubation phase. The individual will no longer be contagious once all scabs have fallen off.



Symptoms of monkeypox start with:

- fever
- headache
- muscle aches
- exhaustion
- backache
- painful, swollen lymph nodes.

Within one to three days after the symptoms have started, a rash develops – often beginning on the face and spreading to other parts of the body, mainly the hands and soles of the feet. The rash progresses through various stages until the scabs fall off.



Prevention

Prevention centres mainly around:

- avoiding close contact with individuals that are symptomatic during the infectious period
- isolating for the two weeks during the infection (isolation may extend to 21 days, depending on how long the person is infectious)
- washing of hands
- avoiding contact with uncooked bush meat if you are in an endemic* country.

Treatment

Monkeypox is a self-limiting disease and often does not require treatment. When treatment is required for monkeypox, it is often to relieve symptoms, with getting enough fluid and healthy eating habits. For most people, the symptoms will improve with simple treatment, such as antibiotics for infected skin lesions and antihistamines for skin itchiness. For severe cases and individuals with complications, there are two antiviral treatments available.

Should you experience any of these symptoms, please speak to your healthcare provider. If required, your healthcare provider may take a swab of your skin, send it to the National Institute of Communicable Diseases (NICD) for testing and decide on your treatment.

Scheme benefits for monkeypox testing and treatment

Monkeypox does not currently qualify as a prescribed minimum benefit (PMB), which are certain conditions that all South African medical schemes are required to cover by law.

Testing, vaccination and treatment of monkeypox would therefore be paid from your day-to-day benefits, until the Council for Medical Schemes advises otherwise. In the event of an outbreak in South Africa, the administrator would recommend funding of vaccinations, testing and treatment from the overall annual limit, within a specific benefit.

*Endemic refers to a disease outbreak that is consistently present but limited to a particular region.

Sources:

Centers for Disease Control and Prevention (CDC)
National Institute of Communicable Diseases (NICD)
World Health Organization (WHO)



Is it time to visit the dentist?

A visit to your dentist, dental therapist or oral hygienist at least once a year for a check-up and professional cleaning, will help prevent the development of tooth decay (caries) or gum disease as they are able to detect and treat oral disease at an early stage.

Here are five signs that you should make an appointment your dental healthcare professional without delay:

1. Pain

If your mouth or jaw hurts, or it is painful when you chew, it could be a sign of an oral infection or disease. This should be checked right away to determine the cause of the problem and prevent tooth loss and gum disease.

2. Sensitive teeth

If your teeth hurt when you drink hot or cold beverages, you may have sensitive teeth. This can be the result of tooth decay, fractured teeth, worn fillings, gum disease, worn tooth enamel or an exposed tooth root due to gum recession.

3. Bleeding or sore gums

Bleeding, swollen or sore gums may be a sign of gingivitis. Gingivitis is an early and reversible stage of gum disease.

4. Mouth sores

Mouth sores might be an infection or the result from irritation caused by braces, dentures or the sharp edge of a broken tooth or filling. It might also be the symptom of an underlying medical condition.

5. Bad breath

Persistent bad breath or a bad taste in your mouth may be a warning sign of gum disease. Bad breath can also be caused by what you eat, not cleaning your mouth properly, smoking, dry mouth or other medical conditions. Brushing your teeth at least twice a day, brushing your tongue and flossing daily are essential to reducing bad breath and preventing gum disease.

What else can you do to prevent tooth decay?

- Avoid sugary foods and drinks.
- Brush your teeth at least twice a day.
- Floss every day.
- Ask your dental healthcare professional about fissure sealants on your child's permanent teeth. This forms part of your preventative oral care benefit and is limited to beneficiaries younger than 16.



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