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MID-YEAR NEWSLETTER 2024

MBMED: THE ROAD AHEAD

We asked MBMed Chairperson, Ms Telrita Fritz and MBMed Principal Officer, Dr Clifford Panter, about the issues they are tackling right now and the road ahead for the Scheme.

Q Is MBMed financially healthy?

A Although we are facing membership growth challenges, MBMed is in good financial health. Member reserves at the end of 2023 were at 63.3% of annualised income and our risk-based solvency reserve is around 50%, well above the statutory limit of 25%. This helps us to make benefits more affordable and is a safety net against massive claims.

Q Is the Scheme battling with fraud, abuse and waste?

A Yes, this is an ongoing risk. Fortunately most of our members use their benefits carefully, in line with the rules, and always protect both their benefits and the Scheme. MBMed is doing everything it can to protect the Scheme from fraud, waste and abuse and we need all members to support us.

Q How sustainable is the Scheme in the short to medium term?

A At the end of 2023, we had 9 391 beneficiaries compared to 10 814 at the end of 2022, largely due to the exit of DTSA from the Scheme. In June this year, MBSA advised that about 700 employees at their East London Manufacturing Plant may be affected

by proposed restructuring. This could mean further member losses to MBMed and more members 55 and older who will take early retirement.

A growing proportion, currently 15%, of our beneficiaries are 55 and older, which could increase to 20% with the reorganisation of MBSA. We expect the Scheme to generate a deficit of almost R19 million by the end of 2024, which is significantly higher than budget. We also expect our solvency ratio to drop to 49%.

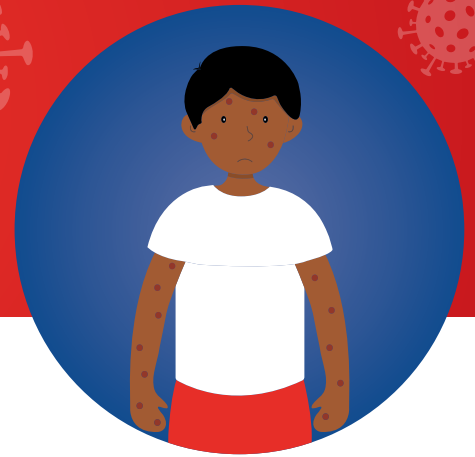
The Scheme is doing comprehensive planning to fund for the cost of benefits and for the cost of sustainability and we may have to make some big changes. The Trustees will be engaging with all stakeholders and together we will develop a roadmap for the future of MBMed and our members by the end of 2024. We encourage all members to actively participate in the upcoming stakeholder engagements.

Q Is the implementation of the National Health Insurance (NHI) a threat to MBMed?

A As we communicated recently, there is no immediate impact on Scheme membership, and we remain committed to providing quality health services for all our dependants. We are actively monitoring developments and engaging with relevant authorities and stakeholders and will provide regular and relevant updates to members.

KNOW YOUR POXES

Recognise the symptoms and protect yourself and others



CHICKENPOX is a highly contagious disease caused by the varicella-zoster virus (VZV).



What are the symptoms?

- A rash that turns into itchy, fluid-filled blisters that form scabs
- Rash appears on chest, back and face before spreading to the rest of the body
- Takes about 1 week for blisters to become scabs



Is it life-threatening?

It can be serious, even life-threatening, especially for children, pregnant women and immunocompromised people.



How does it spread?

- Mainly from unvaccinated people who get it to others who have never had chickenpox
- It takes 10 to 21 days after exposure to develop chickenpox and a rash



How is it treated?

Your doctor can advise on treatments to relieve the symptoms and prevent skin infections. Antiviral medication is recommended for people likely to develop severe illnesses.



Is there a vaccine?

Yes, most people who get the vaccine will not get chickenpox. If a vaccinated person does get chickenpox, the symptoms are usually mild.

SHINGLES occurs when the virus (VZV) that causes chickenpox reactivates in a person's body. People who get shingles will have had chickenpox.



What are the symptoms?

- A painful, itchy or tingly rash around the left or right side of the body
- Shingles can lead to complications, such as long-term nerve pain.



How does it spread?

You can't get shingles from someone who has shingles, but you can get chickenpox from someone who has shingles if you haven't had chickenpox before or have not been vaccinated. You could also then develop shingles later in life. People with shingles cannot spread the virus before blisters appear or after the rash scabs over.



How is it treated?

Several antiviral medicines are available that will shorten the length and severity of the illness and work best if taken when a rash appears. If you think you have shingles talk to your doctor as soon as possible for best results. Pain relief medicine can also be effective.



Is there a vaccine?

Yes, it is part of the childhood vaccination schedule. People 60 and older may get the vaccine again to reduce the effects of shingles.

MPOX (previously called monkeypox) is caused by infection with the Mpox (MPXV) virus.



What are the symptoms?

- Fever, headache, muscle aches, backache, chills and exhaustion
- A rash appears on the face, hands, feet, mouth, genitalia and eyes
- Incubation period is 7-14 days, although symptoms may start from 5 to 21 days after infection
- Rash develops from macules (flat), papules (slightly raised), vesicles (fluid-filled bumps/ blisters), pustules (yellow fluid-filled bumps/ blisters) to scabs
- If untreated, symptoms can persist for up to a month
- People with Mpox are contagious while symptomatic, typically 2-4 weeks



How does it spread?

- Direct contact with infected animals and humans through blood, bodily fluid, skin or mucous lesions or respiratory droplets
- Bites or scratches, eating infected meat and contact with contaminated items
- Transmission of Mpox can be prevented with swift tracing and isolation of suspected and confirmed cases as well as maintaining good personal hygiene, cleaning of working surfaces and objects, proper

cooking of meat, and using protective clothing when in contact with infected individuals or animals



How is it treated?

Mpox has a low fatality rate, and severe complications are rare. Treatment is generally supportive and specific therapeutic treatment is usually not required as most cases resolve on their own. Avoid physical contact with someone who has Mpox, especially children, pregnant women or immunocompromised people.



Is there a vaccine?

Yes. High-risk groups, including healthcare workers, testing laboratory personnel, sex workers and MSM (Men Who Have Sex with Men) are encouraged to get vaccinated.



Is there Mpox in South Africa?

By 21 June 2024, there were 13 laboratory-confirmed cases of Mpox, resulting in 2 deaths from Gauteng (5), KwaZulu-Natal (7) and the Western Cape (1). While the risk of Mpox is low in South Africa, prevention is important with good overall hygiene and being aware of signs and symptoms.

Anyone with suspected Mpox symptoms or who has had physical contact with known cases must visit a healthcare facility.

MBMED CARES FOR ITS OLDER MEMBERS

The Scheme's older members have different health needs to those of younger members. Common age-related diseases and conditions include:

- Cardiovascular disease
- Hypertension
- Cancer
- Osteoarthritis
- Diabetes
- Dementia (including Alzheimer's)
- Arthritis
- Depression

MBMed has several programmes and benefits to support to its older members, including:

- The Chronic Medicine Management programme, which treats 115 chronic conditions, to prevent members exhausting their day-to-day benefits.
- The Back and Neck Rehabilitation programme.

- The Mental Health Programme, which gives access to the best quality primary mental healthcare available. Qualifying members receive a care plan for optimal management by a team of healthcare professionals.
- Oncology Disease Management Programme.
- Knee & hip replacements via a designated service provider.
- Pensioner Wellness Days with health screenings for early detection of diseases, including hearing, dental and optical screenings.

Contact the Scheme for more information or assistance.

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UNDERSTANDING DEMENTIA AND ALZHEIMER'S DISEASE

As a natural part of the ageing process, you will lose some of your mental ability, but this normal decline should not interfere with your ability to function in your daily life. Any drastic change in memory functioning could indicate an underlying disease and should be evaluated by a professional.

WHAT IS DEMENTIA?

Dementia is a chronic illness that affects intellectual functions, such as thinking, memory, behaviour and emotion leading to gradual mental incapacity. Although it is not a normal process of ageing, the elderly are more at risk. The most common cause of dementia is Alzheimer's disease. Other causes include vascular dementia (dementia after a stroke), dementia with Lewy bodies, which leads to a decline in thinking, reasoning and independent function and a collection of dementias known as the frontotemporal dementias.

What are the signs and symptoms?

A person's cognitive memory, attention, language and problem solving can be affected.

Can it be treated?

Dementia can be treated to some degree, but its causes are progressive and incurable, so symptoms will gradually get worse.

WHAT IS ALZHEIMER'S DISEASE?

Alzheimer's disease is the most common type of dementia. It is a physical disease affecting the brain where 'plaques' and 'tangles' develop in the structure of the brain, leading to the death of brain cells that causes a slow decline in memory, thinking and reasoning skills. People with Alzheimer's also have a shortage of

chemicals that help to transmit messages within the brain and will experience a gradual decline in their ability to remember, understand, communicate and reason. It is a progressive disease and over time more parts of the brain are damaged, and symptoms become more severe.

What causes Alzheimer's?

There is no single cause of Alzheimer's. Many factors, including age, genetic background and lifestyle can together lead to the onset of the disease. The chance of developing the condition increases dramatically with age. One in 50 between the ages of 65 and 70 will have a form of dementia compared to one in five over the age of 80. Most people with dementia have Alzheimer's disease.



WHAT TO DO WHEN A PRINCIPAL MEMBER PASSES AWAY

When a principal member of the Scheme passes away, the member's spouse / life partner can become a continuation member and continue to receive Scheme benefits. The following documents must be submitted to the Scheme:

1. A copy of the principal member's death certificate.
2. A letter from the spouse / life partner stating that they would like to be a continuation member.
3. A certified copy of the ID of the spouse / life partner.
4. A stamped bank statement or a confirmation letter from the bank of the spouse / life partner.
5. Proof of spouse / life partner's monthly income.
6. The spouse / life partner must complete the MBMed Member Application Electronic Transfer of Funds form – available from the Scheme.

Qualifying children may also become continuation members even if there is no spouse / life partner. Please contact the Scheme for assistance.

MONEY MATTERS AND WELLNESS

Happy and healthy employees are a priority at MBSA and also for MBMed.

The stressors of our society and of the modern work environment, which demands resilience and flexibility can have a direct impact on an employee's physical and mental well-being. For these reasons, MBMed, in partnership with MBSA, has implemented a variety of wellness programmes.

Financial stress very often negatively impacts emotional well-being and mental health. In addition to the benefits offered by the Scheme to keep our members healthy - physically, emotionally and mentally - MBSA, in partnership with Moribo, provides a comprehensive Financial Wellness offering for employee members only. If you are an employee member and would like to know more, please contact Moribo directly.

