



Naspers Medical Fund
Annual General Meeting
2011



Fund Office

Naspers Medical Fund
17th Floor
Naspers Centre
40 Heerengracht
Cape Town
8001

Principal Officer

Janine Louw

Administrator

Discovery Health (Pty) Limited
155 West Street
Sandton
2146

External Auditor

PricewaterhouseCoopers (PwC)

Kennisgewing van Algemene Jaarvergadering

Hiermee word kennis gegee dat die Algemene Jaarvergadering van die Naspers Mediese Fonds gehou sal word op Woensdag, 29 Junie 2011, van 13:00 tot 14:00 te Nasdak, 26ste vloer, Naspers-sentrum, Heerengracht 40, Kaapstad.

Agenda

- Die Voorsittersverslag
- Verslag deur die Raad van Trustees
- Ouditeursverslag
- Finansiële Jaarstate soos op 31 Desember 2010 (afskrifte sal by die vergadering beskikbaar wees)
- Aanstelling van die ouditeur vir die 2011 finansiële jaar; en
- Bevestiging van die samestelling van die Geskillekomitee.

Die volgende dokumente word vir u aandag ingesluit:

- Notule van die vorige Algemene Jaarvergadering gehou op 30 Junie 2010
- Voorsittersverslag
- Verslag deur die Raad van Trustees
- Ouditeursverslag

Finansiële Jaarstate van die Fonds soos op 31 Desember 2010

Lede is welkom om die volledige stel Finansiële Jaarstate van ons webtuiste (www.nasmed.com of www.nasmed.co.za) af te laai of te lees. Indien dit nie vir u moontlik is nie, skakel gerus die Fonds se kantoor vir 'n stel finansiële state in 'n formaat wat u pas.

Al die Fonds se lede is welkom om die vergadering by te woon.

Vriendelike groete



Janine Louw

Naspers Mediese Fond

Notice of Annual General Meeting

Notice is hereby given that the Annual General Meeting of the Naspers Medical Fund will be held on Wednesday, 29 June 2011, from 13:00 to 14:00 at Nasdak, 26th Floor, Naspers Centre, 40 Heerengracht, Cape Town.

Agenda

- The Chairman's Report
- Report of the Board of Trustees
- Auditor's Report
- Annual Financial Statements of the Fund as at 31 December 2010 (copies will be available at the meeting)
- Appointment of the auditors for the 2011 financial year; and
- Confirmation of the composition of the Dispute Committee.

The following documents are attached for your attention:

- Minutes of the previous Annual General Meeting held on 30 June 2010
- Chairman's Report
- Report of the Board of Trustees
- Auditor's Report

Financial Statements of the Fund as at 31 December 2010

You are welcome to view or download the full set of Annual Financial Statements from our website at www.nasmed.com or www.nasmed.co.za. If for any reason this is not possible, please contact the office of the Fund to send you a set of financial statements in a suitable format.

All members of the Fund are welcome to attend the meeting.

Kind regards



Janine Louw
Naspers Medical Fund

Naspers mediese fonds

Notule van die Algemene Jaarvergadering gehou op Woensdag, 30 Junie 2010 om 13:00 te 'Nasdak', 26ste Verdieping, Naspers-Sentrum, Kaapstad

1. OPENING

Dr G M Coetzee, die voorsitter, verwelkom alle lede teenwoordig.

Die voorsitter vra die lede teenwoordig of Afrikaans as die voorkeurtaal aanvaar kan word vir die vergadering. Die lede aanvaar die versoek. Die voorsitter voeg by dat die agenda ook in Engels beskikbaar gestel is op die keersy van die kennisgewingboekie wat uitgedeel is.

Kennis word geneem dat 'n kworum aanwesig is.

Die voorsitter verklaar die vergadering as behoorlik gekonstitueer en open die vergadering.

2. KENNISGEWING

Die kennisgewing van die Algemene Jaarvergadering, wat vooraf versprei is en ook by die vergadering uitgedeel is, word as gelees beskou.

3. GEWONE BESLUIE

Die voorsitter stel aan lede die volgende besluite. Lede word genooi om vrae ten opsigte van enige besluit te vra en die voorsitter versoek dat daar by wyse van handopsteking gestem word.

3.1 Voorsittersverslag

Die voorsittersverslag, wat vooraf versprei is en ook by die vergadering uitgedeel is, word as gelees beskou. Geen vrae word geopper nie.

3.2 Verslag deur die Raad van Trustees

Die verslag deur die Raad van Trustees soos op 31 Desember 2009, wat vooraf versprei is en ook by die vergadering uitgedeel is, word as gelees beskou. Geen vrae word geopper nie.

3.3 Ouditeursverslag

Die Ouditeursverslag soos op 31 Desember 2009, wat vooraf versprei is en ook by die vergadering uitgedeel is, word as gelees beskou. Geen vrae word geopper nie.

3.4 Finansiële Jaarstate vir die jaar geëindig 31 Desember 2009

Die finansiële jaarstate soos op 31 Desember 2009, wat vooraf op die Fonds se webtuiste beskikbaar gestel is en ook by die vergadering uitgedeel is, word as gelees beskou. Die voorsitter stel aan die vergadering dat die Fonds se rekenmeester, mnr Chad Muscat, voorbereid is om 'n oorsigtelike verslag van die finansiële state te lewer en vra of daar so 'n behoefte is. Die lede teenwoordig dui aan dat dit nie nodig is nie. Geen vrae word geopper nie.

3.5 Aanstelling van die ouditeure vir die 2010 Finansiële Jaar

Die voorsitter bevestig dat die Oudit- en Risikobestuurskomitee aanbeveel dat die vergadering die heraanstelling van PricewaterhouseCoopers as die ouditeure vir die tydperk tot na afloop van die volgende algemene jaarvergadering goedkeur. Die fondslede teenwoordig keur die voorstel goed.

Die voorsitter bedank die ouditeure vir hul volgehoue pligsgetroue diens aan die Naspers Mediese Fonds.

4. SAMESTELLING VAN DIE GESKILKOMITEE

Daar word bevestig, en gevolglik deur die teenwoordige lede aanvaar, dat daar in die geval van 'n geskil teen die Fonds 'n komitee uit onafhanklike persone verkies sal word, met dien verstaande dat ten minste een persoon in die komitee regsagtergrond moet hê en dat een ander persoon kennis van die aard van die geskil sal hê.

5. TRUSTEEVERGOEDING

Die voorsitter doen verslag van 'n vorige besluit deur die trustees om alle afgetrede lidverkose trustees te vergoed vir hul betrokkenheid by die Raad asook enige subkomitees. Die lede teenwoordig neem kennis dat die vergoeding een maal per jaar betaal word en gebaseer word op die vlak van betrokkenheid.

Die voorsitter bevestig dat alhoewel die inligting per abuis nie apart uiteengesit word in die jaarstate nie, Mnr FJ Wiese, ook teenwoordig by die Algemene Jaarvergadering, die eerste afgetrede lidverkose trustee is en dat hy gevolglik vir die 2009 finansiële jaar vergoeding van R10 000.00 betaal is. Die vergadering word verder ingelig oor die besluit om hierdie bedrag te verhoog na R15 000.00 vir die 2010 finansiële jaar, aangesien mnr Wiese deur die Raad van Trustees versoek is om in verskeie van hul subkomitees, naamlik die Oudit- en Risikobestuurskomitee, die Beleggingssubkomitee en die N Opsies Bestuurskomitee, te dien. Mnr Wiese se ervaring in finansies en ook in die algemene bestuur van die Fonds word as 'n bate beskou en hy word bedank vir sy bereidwilligheid om betrokke te wees by die Fondsbestuur. Die vergadering neem hiervan kennis.

6. ALGEMEEN

Geen sake is vooraf ingedien vir bespreking nie en geen kwessies is tydens die vergadering geopper nie.

Die voorsitter bedank mev Louw en haar span vir die goeie bestuur van die Fonds en goeie dienslewering aan lede, veral in die moeilike omstandighede wat ondervind word met die verandering in voordele wat op 1 Januarie 2010 ingetree het.

Mnr De Vries, van Alexander Forbes Health se aktuariële span, word bedank vir sy en die res van die span se advies en aktuariële werk met betrekking tot die bydraes en voordelestruktuur ten einde die Fonds te steun in sy strewe na lewensvatbaarheid en terselfdertyd die lewering van gehaltevoordele teen 'n billike bydrae.

7. VERDAGING

Die voorsitter bedank almal vir hul teenwoordigheid.

Die vergadering verdaag om 13:20.

VOORSITTER
(Kaapstad)

Datum



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Voorsitter Se Verslag ten opsigte van die 2010 finansiële jaar

Die Naspers Mediese Fonds streef om uitstekende voordele teen die mees bekostigbare bydraevlakke aan sy lede te verskaf. Oor die afgelope twee jaar het die Fonds 'n aansienlik groter as verwagte styging in eisbesteding en gepaardgaande daling in reserwes ondervind. Verskeie veranderings moes aangebring word om toekomstige volhoubaarheid te verseker. Die beduidendste veranderings was nodig ten opsigte van die N Opsie Plus, met ingang van 1 Januarie 2010. Die Fonds se drie voordeelopsies bly egter hoogs mededingend in vergelyking met die mark. Die veranderings het die gewenste uitwerking gehad en die trustees is van oordeel dat die Fonds finansiële goed op dreef is.

Finansiële oorsig

Die finansiële state van die Naspers Mediese Fonds vir die jaar 2010 toon 'n netto surplus (ná beleggingsinkomste) van R11.4 miljoen. Dit is 'n beduidende verbetering teenoor die netto tekort van R12.3 miljoen in 2009. Die netto resultaat vir elke voordeelopsie is soos volg:

Voordeelopsie	2010	2009
M-Med Opsie	R1 211 378	R529 700
N Opsie Plus	R7 462 289	(R13 447 749)
N Opsie Basies	R2 745 486	R644 930

Die resultate kan soos volg opgesom word:

- Die M-Med Opsie het steeds bevredigend presteer, hoewel koste-inflasie gestyg het as gevolg van 'n groter getal hospitaalse waarby hoër bedrae betrokke was. Eisvlakke sal in die toekoms dopgehou moet word.
- Die N Opsie Plus se finansiële posisie het aansienlik verbeter teenoor dié van die 2009-voordeeljaar. Die eiseondervinding het gestabiliseer en die opsie toon weer 'n klein netto surplus. Die meeste van die Fondslede behoort aan die N Opsie Plus en daarom is dit uiters belangrik dat hierdie opsie selfonderhoudend moet wees.
- Die N Opsie Basies se ledetal het in 2010 aansienlik gegroei. 'n Toename in die getal hoër inkomsteverdieners wat aan hierdie opsie behoort, het gelei tot 'n addisionele styging in bydrae-inkomste. Hierdie opsie het die afgelope drie jaar 'n netto surplus getoon en in 2010 die tendens voortgesit. Die betreklik klein ledetal van hierdie opsie beteken egter dat die eiseondervinding van jaar tot jaar aansienlik wissel. 'n Paar hoëkoste-insidente kan 'n beduidende uitwerking op die algehele netto resultaat vir die opsie hê.

Voorsitter Se Verslag ten opsigte van die 2010 finansiële jaar

Bogenoemde het daartoe gelei dat die Fonds se solvensievlak (opgehoopte fondse as 'n persentasie van bruto jaarlikse bydraes) gestyg het, van 51.5% teen die einde van 2009 tot 57.7% teen die einde van 2010. Die solvensievlak bly onder die teiken van 60% wat die trustees gestel het nadat hulle die grootte en profiel van die Fonds in ag geneem het. Die Raad het egter 'n plan van 3 tot 5 jaar in werking gestel om die solvensieverhouding tot aanvaarbare vlakke te verhoog. Danksy die sterk finansiële prestasie in 2010 was die solvensieverhouding teen einde 2010 beter as verwag en aansienlik hoër as die 25% wat deur die gewysigde Wet op Mediese Skemas, Nr. 131 van 1998 vereis word.

Die trustees hersien gereeld nie-gesondheidsorguitgawes om seker te maak dat dit nie van bedryfstandaarde afwyk nie en dat dit in verhouding is met die waarde en diens wat die Fonds en sy administrateurs aan lede van die Fonds lewer. Die Naspers Mediese Fonds se totale nie-gesondheidsorguitgawes (administrasie- en bestuursorg-gelde, netto waardedalingsverliese en ander bedryfsuitgawes ingesluit) was 10.4% as 'n persentasie van bruto bydraes in 2010, laer as die 10.6% van 2009 en in ooreenstemming met bedryfstandaarde.

Totale lidmaatskap van die Naspers Mediese Fonds het gedurende die jaar met 11.9% (765 lede) gestyg, van 6 444 tot 7 209 hooflede teen die einde van 2010. Hierdie verandering is hoofsaaklik aan veranderinge in die deelnemende werkgewer se personeelkorps toe te skryf.

Bestuurstoestig en voldoening

Trustees

Die trustees bestuur die Naspers Mediese Fonds in ooreenstemming met die Fondstreëls en die bepalings van die Wet op Mediese Skemas. Hulle is wettiglik verplig om in die belang van alle lede op te tree en behoorlike bestuurstoestig oor die Fonds te verseker. Die helfte van die trustees word deur en vanuit die Fonds se lede gekies, soos bepaal deur die Wet op Mediese Skemas.

Teen jaareinde was die trustees deur lede verkies en deur die maatskappy benoem soos volg:

Lidverkose trustees

Mnr F Wiese

Mnr E Naude

Me L van der Merwe

Me S Erasmus

Mnr P Hart Davis

Me C Reed

Voorsitter Se Verslag ten opsigte van die 2010 finansiële jaar

Maatskappybenoemde trustees

Mnr J Pieterse (Voorsitter)

Mnr N Marais

Mnr O Lalbahadur

Me H Hopkins

Mnr R Lake

Me K Hofmeyr

Oudit- en risikobestuurskomitee

Die oudit- en risikobestuurskomitee tree onafhanklik van die trustees op en verseker dat die belange van lede beskerm word met betrekking tot die finansiële verslagdoening van die Fonds en dat die interne beheermaatreëls voldoende is. Die Fonds se eksterne ouditeur, die lede van die oudit- en risikobestuurskomitee en die fondsadministrateur se interne ouditeur speel deurlopend 'n moniterende rol om te verseker dat die Naspers Mediese Fonds aan al die statutêre en wetlike vereistes voldoen.

Regsomgewing

Die trustees bly deurlopend op hoogte van ontwikkelinge en kwessies wat die mediese skema-omgewing raak. Hulle oorweeg en beoordeel gereeld die invloed wat voorgestelde wetgewing en regulasieveranderinge op die Naspers Mediese Fonds kan hê, om te verseker dat die Fonds betyds op sulke veranderings sal kan reageer.

Daar was in die 2010-voordeeljaar 'n aantal wets- en regulasie-aanpassings wat die Fonds beïnvloed het:

- Die skraping van die Verwysingspryslys het meegebring dat die Fonds sy eie tariefstruktuur moes skep.
- Die groter fokus op die betaling van Voorgeskrewe Minimum Voordele en onsekerheid oor die korrekte interpretasie van wetgewing in hierdie verband, het die trustees genoop om die Fonds se verskafferooreenkomste te hersien om deurlopende voldoening aan die Wet te verseker.
- Veranderinge in die wetlik bepaalde resepteringsfooistruktuur van aptekers en resepterende dokters het meegebring dat geproekteerde medisynekoste deur die bank gestyg het. Hierdie stygings word deur onderhandeling met verskaffers en kontraktering bestuur.

Die trustees is ook bewus van onlangse ontwikkelinge in die voorgestelde Nasionale Gesondheidsversekering en wag op verdere inligting van die regering. Die Raad van Trustees ondersteun in beginsel die poging om 'n gesondheidsorgstelsel te skep wat meer teoanklik en bekostigbaar vir alle Suid-Afrikaners is.

Voorsitter Se Verslag ten opsigte van die 2010 finansiële jaar

Ten slotte

Die trustees streef steeds tevredenheid onder lede en goeie bestuurstoetsig na. Dit is verblydend om te kan meld dat die Naspers Mediese Fonds weereens aan die nodige regulasies en wetgewing voldoen het.

Die Fonds is nou in 'n redelik sterk finansiële posisie. Die voordele wat deur die drie opsies gebied word, bly hoogs mededingend en bekostigbaar in vergelyke dié van mediese skemas in die mark. Onlangse onafhanklike navorsing het getoon dat die Naspers Mediese Fonds se voordele ooreenstem met dié van oop mediese skemas, maar teen bydraevlakke wat in sommige gevalle tot 20% laer as dié van vergelykbare oop mediese skemas is. Die Raad van Trustees sal steeds op die gesondheidsorg behoeftes van Fondslede fokus en aan hierdie behoeftes aandag gee waar dié nodig en moontlik is.

Erkenning en dank

Namens die Fonds spreek ek graag ons opregte dank teenoor die volgende persone vir hul belangrike bydraes gedurende die afgelope jaar uit:

- Al ons lede vir hul volgehoue ondersteuning;
- Ons hoofbeampte, me Janine Louw, en haar bestuurspan;
- Die interne administrasie personeel van die N Opsie Plus en N Opsie Basies, en Discovery Health, ons eksterne administrateur van die M-Med Opsie;
- Die trustees en bestuurskomiteelede vir hul tyd en toewyding;
- Ons gesondheidsorgkonsultant en aktuaris in hierdie tydperk, Alexander Forbes Health (Edms) Bpk, vir ondersteuning en advies;
- Ons beleggingskonsultant, Jacques Malan Konsultante en Aktuarisse, vir advies;
- Ons verskillende derdeparty bestuurdesorg-organisasies, naamlik die Medical Services Organisation (MSO), Mediscor, Medikredit, LifeSense en die Sentrum vir Diabetes en Endokrinologie;
- Die Fonds se eksterne ouditeur, PricewaterhouseCoopers;
- Die Registrateur van Mediese Skemas en sy personeel; en
- Al ons lede se gesondheidsorg diensverskaffers.

Koos (JJ) Pieterse
Voorsitter

Chairman's Report in respect of the 2010 financial year

The Naspers Medical Fund strives to provide excellent benefits to its members at the most affordable contribution levels. Over the past two years, the Fund experienced a significantly higher than expected increase in claims expenditure and thus a decrease in reserves. Various changes were required to ensure future sustainability. The most significant changes required were on the N Option Plus with effect from 1 January 2010. The Fund's three benefit options, however, remain highly competitive when compared to the market. The changes had the desired effect and the trustees believe that the Fund is financially well on track.

Financial Overview

The financial statements of the Naspers Medical Fund for the year 2010 reflect a net surplus (after investment income) of R11.4 million, a vast improvement on the net deficit of R12.3 million in 2009. Per benefit option, the net results are as follows:

Benefit option	2010	2009
M-Med Option	R1 211 378	R529 700
N Option Plus	R7 462 289	(R13 447 749)
N Option Basic	R2 745 486	R644 930

The results can be summarised as follows:

- The M-Med Option continued to perform satisfactorily, although cost inflation had increased due to an increased number of higher value hospital claims. Claim levels will have to be monitored in future.
- The financial position of N Option Plus has improved significantly compared to that of the 2009 benefit year. The claims experience has stabilised and this option is again generating a small net surplus. Most members of the Fund participate in the N Option Plus. It is therefore of critical importance that this option is self-sustainable.
- The N Option Basic membership has again increased significantly in 2010. An increase in the number of higher income earners participating on this option has resulted in an additional increase in contribution income. The option has been generating net surpluses during the past three years and continues to do so in 2010. However, the relatively small number of members participating on this option means that the claims experience varies significantly from year to year. A small number of high cost incidents could have a significant effect on the overall net result for the option.

Chairman's Report in respect of the 2010 financial year

The above resulted in the Fund's solvency level (accumulated funds as a percentage of gross annual contributions) increasing from 51.5% at the end of 2009 to 57.7% at the end of 2010. The solvency level remains below the targeted level of 60% set by the Trustees, considering the size and profile of the Fund. However, the Board implemented a three to five year plan to increase the solvency ratio to acceptable levels. The strong financial performance in 2010 has resulted in the solvency ratio at the end of 2010 being better than planned and significantly greater than the 25% required by the amended Medical Schemes Act 131 of 1998.

The Trustees regularly review non-healthcare expenses to ensure that these are not out of line with the industry norms and are commensurate with the value and service that members receive from the Fund and its administrators. The Naspers Medical Fund's total non-healthcare expenses (including administration and managed care fees, net impairment losses and other operating expenses) were 10.4% as a percentage of gross contributions in 2010, lower than the 10.6% in 2009 and in line with industry norms.

Total membership of the Naspers Medical Fund increased by 11.9% (765 members) during the year, from 6 444 to 7209 principal members by the end of 2010. This change in membership is mainly as a result of changes in the participating employer's workforce.

Governance and compliance

Trustees

The Trustees manage the Naspers Medical Fund in accordance with the Scheme Rules and the provisions of the Medical Schemes Act. They have a legal duty to act in the interests of all members and to ensure proper governance of the Scheme. As prescribed by the Medical Schemes Act, half of the Trustees are elected by and from amongst the Fund's members.

At year-end, the member-elected and company-appointed Trustees were:

Member-elected trustees

Mr F Wiese

Mr E Naude

Ms L van der Merwe

Ms S Erasmus

Mr P Hart Davis

Ms C Reed

Chairman's Report in respect of the 2010 financial year

Company-appointed trustees

Mr J Pieterse (Chairman)
Mr N Marais
Mr O Lalbahadur
Ms H Hopkins
Mr R Lake
Ms K Hofmeyr

Audit and Risk Management Committee

The Audit and Risk Management Committee acts independently of the Trustees, ensuring that the interests of members are protected in relation to financial reporting of the Fund and that the internal controls are adequate. The Fund's external auditors, the members of the Audit and Risk Management Committee and the administrators' internal auditors have an ongoing role in monitoring compliance to ensure that the Naspers Medical Fund meets all the statutory and regulatory requirements.

Legislative environment

The trustees keep up to date with developments and issues affecting the medical schemes environment. They regularly consider and assess the impact that any proposed legislative and regulatory changes could have on the Naspers Medical Fund to ensure it is able to respond to such changes timeously.

The 2010 benefit year has seen a number of legislative and regulatory changes which have had an impact on the Fund:

- The scrapping of the Reference Price List has resulted in the Fund having to create its own tariff structure;
- The increased focus on the payment of Prescribed Minimum Benefits and uncertainty around the correct interpretation of Prescribed Minimum Benefit legislation has prompted the Trustees to review the Fund's provider arrangements to ensure ongoing compliance to the Act;
- Changes in the legislated dispensing fee structure of pharmacists and dispensing doctors has resulted in an overall increase in projected medication costs. These increases are managed through provider negotiations and contracting.

The Trustees are also aware of recent developments around the proposed National Health Insurance and are awaiting further information from government. The Board of Trustees supports, in principle, a drive towards a more accessible and affordable healthcare system for all South Africans.

Chairman's Report in respect of the 2010 financial year

Concluding remarks

The trustees remain committed to member satisfaction and sound governance. We are pleased to inform members that the Naspers Medical Fund has again materially complied with the relevant regulations and legislation.

The Fund is now in a relatively strong financial position. The benefit offerings of all three options remain highly competitive and affordable when compared to the open medical schemes market. Recent independent studies have shown that the Naspers Medical Fund offers benefits similar to those offered by open medical schemes, but at contribution levels which are in some instances lower than those of comparable open medical schemes. The Board of Trustees will continue to focus on the healthcare needs of the Fund's members and will address these healthcare needs where necessary and possible.

Record of appreciation

On behalf of the Fund, I express sincere thanks to the following persons for their significant contributions during the past year:

- All our members for their continued support;
- Our Principal Officer, Ms Janine Louw, and her management team;
- Staff at the in-house administration of the N Option Plus and N Option Basic, and Discovery Health, our external administrator of the M-Med Option;
- The trustees and management committee members for their time and commitment;
- Our healthcare consultants and actuaries during the period, Alexander Forbes Health (Pty) Ltd, for their support and advice;
- Our investment consultants, Jacques Malan Consultants and Actuaries, for their advice;
- Our various third-party managed care organisations, namely Medical Services Organisation, Supplementary Health Services, Mediscor, Medikredit, LifeSense, Centre for Diabetes and Endocrinology;
- The Scheme's external auditors, PricewaterhouseCoopers;
- The Registrar of Medical Schemes and his staff; and
- All our members' healthcare service providers.

Koos (JJ) Pieterse
Chairman

Die Raad van Trustees se verslag vir die jaar geëindig 31 Desember 2010

Die Raad van Trustees bied hiermee sy verslag vir die jaar geëindig 31 Desember 2010.

1. BESKRYWING VAN DIE MEDIESE FONDS

1.1 Registrasievoorwaardes

Die Naspers Mediese Fonds is geregistreer ingevolge die Wet op Mediese Skemas, Nr. 131 van 1998, soos gewysig. Dit is 'n geslote fonds waarvan lidmaatskap tot werknemers van Naspers Beperk en sy geaffilieerde maatskappye beperk is.

Registrasienommer: 1241

1.2 Voordeelsies binne die Naspers Mediese Fonds

Naspers Mediese Fonds bied drie voordeelsies aan werknemers van Naspers Beperk en sy geaffilieerde maatskappye, naamlik:

- N Opsie Plus
- N Opsie Basies
- M-Med Opsie

1.3 Administrasie van voordeelsies

Die administrasie van die M-Med Opsie is uitkontraakteer aan Discovery Health. N Opsie Plus en N Opsie Basies is gedurende die oorsigtydperk deur die Fonds self geadministreer. Die interne administrasieëling van die N Opsie Plus en N Opsie Basies is in September 2010 deur die Raad van Trustees hersien, en daar is besluit dat Discovery Health vanaf 1 Januarie 2011 ook die administrasie van beide die N-opsies sou behartig.

Die bestuurdesorgdienste vir die M-Med Opsie is voorheen deur Discovery Health gelewer, en vir N Opsie Plus en N Opsie Basies deur verskeie ander eksterne verskaffers. Die Raad van Trustees het hierdie reëling vir die N Opsie Plus en N Opsie Basies in September 2010 hersien en vanaf 1 Januarie 2011 word die diens vir al drie opsies deur Discovery Health gelewer.

Die Raad van Trustees se verslag vir die jaar geëindig 31 Desember 2010

1.4 Spaarplan

Twee van die Naspers Mediese Fonds se voordeelreeks sluit 'n spaarrekeningfasiliteit in. Hierdie fasiliteit bied dekking vir daaglikse uitgawes soos deur die Fonds se reëls bepaal word.

Onbestede bedrae van vorige jare word in 'n lid se spaarfasiliteit opgehoop as 'n langtermynvoordeel vir die lid. Hierdie bedrae is terugbetaalbaar wanneer 'n lid die Fonds verlaat of oorgaan na 'n ander opsie binne die Fonds wat nie 'n spaarfasiliteit het nie. Die geld word vier maande ná die datum van verandering oorgeplaas. Die positiewe saldo van 'n lid se spaarfasiliteit verdien rente teen 'n koers wat deur die Raad van Trustees bepaal word.

Indien 'n lid se spaarfasiliteit 'n negatiewe saldo het, word dit as 'n finansiële las in die finansiële state weerspieël en is dit terugbetaalbaar ingevolge Regulasie 10 van die Wet.

Besonderhede vir elk van die opsies volg.

N Opsie Plus

15% van die lid se totale jaarlikse bydrae word aan die spaarfasiliteit toegewys. Die volle spaartoewysing vir die jaar is vanaf 1 Januarie aan die lid beskikbaar. Geen rente word gehef op spaarfondse wat vooruit aan lede beskikbaar gestel word nie.

M-Med Opsie

25% van die lid se totale jaarlikse bydrae word aan die spaarfasiliteit toegewys. Die volle spaartoewysing vir die jaar is vanaf 1 Januarie aan die lid beskikbaar. Geen rente word gehef op spaarfondse wat vooruit aan lede beskikbaar gestel word nie.

N Opsie Basies

Hierdie opsie het nie 'n spaarfasiliteit nie.

1.5 Risiko-oordragreëlings

Geen risiko's is herverseker nie.

Die Fonds het 'n kapitasie-ooreenkoms met die Sentrum vir Diabetes en Endokrinologie aangegaan om gedurende die hele jaar dienste aan die Fonds se lede op die M-Med Opsie te lewer.

Die Raad van Trusteese verslag vir die jaar geëindig 31 Desember 2010

2. BESTUUR

2.1 Raad van Trusteese

Die volgende persone het gedurende die oorsigjaar in die Raad van Trusteese gedien en die trusteevergaderings en subkomiteevergaderings bygewoon:

Teenwoordig of genooi	Nota	Raad van Trusteese	Oudit- en risikobestuurskomitee				Belegging-subkomitee	N Opsie bestuurskomitee				M-Med Opsie bestuurskomitee			
		21 Apr	27 Sep	14 Apr	1 Sep	27 Aug	7 Apr	13 Sep	16 Sep	10 Feb	19 Mei	23 Sep			
Werkgewerbenoemde trusteee															
Dr G Coetzee		✓	✓	✓ ¹	x ¹	✓	✓	✓	x						
Mnr J Pieterse		x ¹	✓			✓	✓	x	✓						
Mnr I Barnes		✓	✓				✓	✓ ⁴	x						
Mnr N Marais		✓	✓			✓	x	✓	x						
Me K Hofmeyr			✓ ¹					✓ ¹	✓						
Mnr O Lalbahadur		x	x				✓	✓	x						
Me H Hopkins		✓	✓	✓ ¹	✓ ¹	✓ ²				✓	✓	✓			
Mnr R Lake		✓	✓	✓	x					✓	✓	✓			
Lidverkose trusteee															
Mnr E Naude		✓	✓				✓	✓	✓						
Me L van der Merwe		✓	✓				✓	✓	✓						
Mnr F Wiese		✓	✓	✓	✓	✓	✓	✓	✓						
Me S Erasmus		✓	x				✓	✓	✓						
Me C Reed		✓	x							✓	✓	✓			
Mnr P Hart-Davis		x	✓							✓	x	✓			
Ander															
Mr G Altini				✓	✓										
Mr A Hugo				✓	✓										
Mr R Jansen				✓	✓										

Die Raad van Trustees se verslag vir die jaar geëindig 31 Desember 2010

Teenwoordig of genooi	Nota	Raad van Trustees	Oudit- en risikobestuurskomitee				Belegging- subkomitee	N Opsie bestuurskomitee			M-Med Opsie bestuurskomitee		
		21 Apr	27 Sep	14 Apr	1 Sep	27 Aug	7 Apr	13 Sep	16 Sep	10 Feb	19 Mei	23 Sep	
Mnr F Sulaiman										✓	✓	✓	
Mnr N Meyer						✓				✓	✓	✓	
Me G Kisbey-Green										✓	x	✓	
Mnr C O'Reilly										✓	✓	✓	
Me P Scholtemeyer										x	✓	✓	
Mnr B Gillham										✓	✓	✓	
Mnr M Davids										✓	✓	✓	
Mnr A Gill										✓	✓	✓	
Mnr C Voskuil	2	x	x							✓	✓	✓	
Mnr P Nicholson	3	x	x							✓	✓	✓	
Mnr R van der Westhuizen	4	x	x										
Me A Smith	4	x	x	x	✓			x	x	x			
Me L Klink	4		x						x	✓			
Me L Vayej	5	x	x					x	x	x			
Mnr M Mulder	5	x	x					x	x	x			
Mnr G Owen	5	x	x					x	x	x			
Mnr H Stander	5	x	x					x	x	x			
Getal gesirkuleerde vergaderings gehou / besluite geneem:		5	2			1		2			1		

Aantekeninge:

¹ Op uitnodiging

² Plaasvanger vir M-Med Opsie Werkgewertrustee

³ Plaasvanger vir M-Med Opsie Lidtrustee

⁴ Plaasvanger vir N Opsies Werkgewertrustee

⁵ Plaasvanger vir N Opsies Lidtrustee

■ Hoef nie by te woon nie / Nie 'n lid van die betrokke komitee nie

Die Raad van Trustees se verslag vir die jaar geëindig 31 Desember 2010

2.2 Hoofbeampte

Me J Louw

2.3 Geregistreerde kantooradres

17de Verdieping
Naspers-sentrum
Heerengracht 40
Kaapstad
8001

2.4 Fondsadministrateurs

Op 31 Desember 2010

N Opsie Plus en N Opsie Basies
Naspers Mediese Fonds
Posbus 2271
Kaapstad
8000

M-Med Opsie
Discovery Health
Posbus 784262
Sandton
2146

Vanaf 1 Januarie 2011

Alle opsies: N Opsie Plus, N Opsie Basies en M-Med Opsie
Discovery Health
Posbus 784262
Sandton
2146

2.5 Beleggingsbestuurders gedurende die jaar

Investec
Posbus 1655
Kaapstad
8000

Allan Gray
Posbus 51318
V&A Waterfront
Kaapstad
8002

Die Raad van Trustees se verslag vir die jaar geëindig 31 Desember 2010

Coronation	Posbus 993 Kaapstad 8000
Prescient	Posbus 31142 Tokai 7966

2.6 Aktuaris

Alexander Forbes Health	(Johannesburg)	Posbus 61703 Marshalltown 2107
	(Stellenbosch)	Posbus 700 Stellenbosch 7599

2.7 Ouditeur

PricewaterhouseCoopers Ing	Posbus 2799 Kaapstad 8000
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3. FONDS SE BELEGGINGSBELEID

Die Fonds se beleggingsdoelwitte is om, binne die beperkings van die beleggingsriglyne in die Wet op Mediese Fondse, langtermyn reële opbrengste op beleggings te behaal.

Die Beleggingssubkomitee het in 2010 twee keer vergader. Die komitee se mandaat is om te verseker dat:

- die Fonds se likiditeit hoog genoeg is;
- beleggingstoewysings die maksimum opbrengste binne die grense van die Fonds se beleggingsbeleid nastreef. Hierdie grense is daarop gemik om te verseker dat die Fonds deurentyd aan die Wet voldoen en dat die Fonds se reserwes tydens negatiewe marktoestande beskerm word; en
- daar gereeld verslag oor beleggingsprestasie en aanbevelings aan die Raad van Trustees gelewer word.

Die Raad van Trustees se verslag vir die jaar geëindig 31 Desember 2010

Die Fonds het in 2010 in aandele en kontantinstrumente belê. Die beleggingsbeleid word gereeld hersien, met inagneming van voldoening aan die Wet, die risiko en opbrengste van die verskillende beleggingsinstrumente en die surplusfondse wat beskikbaar is.

Beleggings in British American Tobacco-aandele (BTI)

Weens die ontbondeling van Remgro en Richemont (die Rembrandt-groep), het die Naspers Mediese Fonds nou BTI-aandele deur sy gepoelde produkte (by Coronation en Allan Gray). Dit beteken dat die Fonds aandele besit wat as "aandele in gebiede buite die Republiek" geklassifiseer word en nie deur die Wet op Mediese Skemas toegelaat word nie tensy die Registrateur van Mediese Skemas die Fonds vrystel van voldoening aan hierdie wetlike vereiste.

Verlengde vrystelling tot 31 Oktober 2012 is deur die Registrateur van Mediese Skemas toegestaan, teen welke datum die Fonds van sy BTI-aandele ontslae moet raak.

4. BESTUUR VAN VERSEKERINGSRISIKO

Die primêre versekeringsaktiwiteit van die Fonds aanvaar die risiko van die verlies van lede en hul afhanklikes wat regstreeks aan die risiko blootgestel is. Hierdie risiko het betrekking op die gesondheid van Fondsledes. As sodanig is die Fonds aan onsekerheid weens die tydsberekening en ernstigheidsgraad van eise binne die kontrak blootgestel.

Die Fonds bestuur sy versekeringsrisiko deur voordeelperke en subperke, goedkeuringsprosedures vir transaksies waarby prysriglyne betrokke is, voorafmagtiging en gevallestuur, profielbepaling van diensverskaffers en die monitering van kwessies wat opduik.

Die Fonds gebruik verskeie metodes om versekeringsrisikoblootstellings weens individuele tipes versekerde risiko en algemene risiko's te beoordeel en te monitor. Hierdie metodes sluit interne risikometingsmodelle, sensitiwiteitsontledings, scenario-ontledings en strestoetsing in. Waarskynlikheidsteorieë word op prysbepaling en voorsiening vir 'n portefeulje van versekeringskontrakte toegepas. Die grootste risiko is dat die tempo en omvang van eise groter kan wees as wat verwag word.

Versekeringsgebeurtenisse is toevallig van aard, en die werklike getal en omvang van gebeurtenisse gedurende enige jaar kan verskil van die ramings wat vooraf met statistiese tegnieke verkry is. Daar was geen veranderings aan die aannames wat gebruik word om versekeringsbates en -laste wat 'n wesenlike uitwerking op die finansiële state het, te bepaal nie, en daar is geen bepalinge en voorwaardes van versekeringskontrakte wat 'n wesenlike uitwerking op die bedrag, tydsberekening en onsekerheid van die Fonds se kontantvloeï het nie.

Die Raad van Trustees se verslag vir die jaar geëindig 31 Desember 2010

5. OORSIG VAN DIE JAAR SE WERKSAAMHEDE

5.1 Bedryfsstatistiek vir 2010

	N Opsie Plus	N Opsie Basies	M-Med Opsie	Totale Fonds
Aantal lede op 31 Desember	3 407	923	2 879	7 209
Gemiddelde aantal lede gedurende die jaar	3 581	852	2 541	6 974
Aantal begunstigdes op 31 Desember	6 599	1 589	5 686	13 874
Gemiddelde aantal begunstigdes gedurende die jaar	7 035	1 460	5 377	13 872
Verhouding van afhanklikes op 31 Desember	48.4%	41.9%	49.4%	48.0%
Gemiddelde netto bydrae per lid per maand	1 949	987	1 650	1 723
Gemiddelde netto bydrae per begunstigde per maand	992	576	780	866
Toepaslike gesondheidsorgbesteding as 'n persentasie van bruto bydraes	75.0%	66.9%	69.7%	72.5%
Nie-gesondheidsorg-uitgawes as 'n persentasie van bruto bydraes ¹	8.8%	23.4%	10.8%	10.4%
Gemiddelde ouderdom	36.8	25.7	25.1	30.7
Verhouding van pensioenarisse ²	26.4%	1.4%	2.3%	13.6%
Chroniese profiel ³	30.8%	3.1%	8.5%	18.5%
Administrasiekoste as 'n persentasie van bruto bydraes	6.0%	15.8%	8.5%	7.5%
Bestuurde gesondheidsorg as 'n persentasie van bruto bydraes	2.6%	6.9%	2.1%	2.7%
Gemiddelde opgehoopte fondse per lid op 31 Desember (ongerealiseerde wins op beleggings ingesluit)	N.V.T.	N.V.T.	N.V.T.	15 765
Bedrag aan administrateur betaal	0	0	5 227 508	5 227 508
Aantal nuwe lede wat gedurende die jaar aangesluit het	414	544	845	1803
Aantal lede wat gedurende die jaar die Fonds verlaat het	573	220	245	1038
Opbrengs op beleggings as % van beleggings	N.V.T.	N.V.T.	N.V.T.	9.4%

Notas:

- ¹ Interne administrasiegelde en ander derdeparty-gelde word tans volgens lidmaatskap tussen die N Opsie Plus en N Opsie Basies toegeedeel. Dit beteken lede van die N Opsie Plus en N Opsie Basies het dieselfde nie-gesondheidsorg-uitgawe per lid per maand. Die gemiddelde bydrae per lid per maand vir lede van die N Opsie Basies is egter heelwat laer as dié van lede van die N Opsie Plus. Nie-gesondheidsorg-uitgawes as 'n persentasie van bydraes vir die N Opsie Basies is dus heelwat hoër as dié van die N Opsie Plus.
- ² Die pensioenarisverhouding van die N Opsie Plus het sedert 2009 gestyg, as gevolg van veranderings in lidmaatskap. Dit het meegebring dat die gemiddelde ouderdom van N Opsie Plus se lede toegeneem het.
- ³ Chroniese profiel: Die aantal begunstigdes wat vir 'n chroniese toestand geregistreer is, op 31 Desember, as 'n persentasie van alle begunstigdes op 31 Desember. Die skerp styging op die N Opsies is as gevolg van lede se registrasie vir chroniese medikasie waar hulle dit voorheen as akute medisyne geëis het.

Die Raad van Trustees se verslag vir die jaar geëindig 31 Desember 2010

Bedryfstatistiek vir 2009

	N Opsie Plus	N Opsie Basies	M-Med Opsie	Totale Fonds
Aantal lede op 31 Desember	3 566	599	2 279	6 444
Gemiddelde aantal lede gedurende die jaar	3 808	596	2 199	6 603
Aantal begunstigdes op 31 Desember	7 279	1 100	4 920	13 299
Gemiddelde aantal begunstigdes gedurende die jaar	7 466	995	4 698	13 159
Verhouding van afhanklikes op 31 Desember	49.1%	41.9%	53.7%	50.19%
Gemiddelde netto bydrae per lid per maand	1 742	893	1 527	1 594
Gemiddelde netto bydrae per begunstigde per maand	889	535	715	800
Toepaslike gesondheidsorgbesteding as 'n persentasie van bruto bydraes	98.3%	89.4%	74.0%	89.4%
Nie-gesondheidsorg-uitgawes as 'n persentasie van bruto bydraes ¹	9.5%	24.1%	10.9%	10.6%
Gemiddelde ouderdom	35.2	25.5	30.3	32.6
Verhouding van pensioenarisse ²	24.0%	1.7%	2.7%	14.54%
Chroniese profiel ³	19.8%	2.8%	6.3%	13.2%
Administrasiekoste as 'n persentasie van bruto bydraes	6.7%	16.9%	8.7%	7.8%
Bestuurde sorg as 'n persentasie van bruto bydraes	2.8%	7.2%	2.2%	2.8%
Gemiddelde opgehoopde fondse per lid op 31 Desember (ongerealiseerde wins op beleggings ingesluit)	N.V.T.	N.V.T.	N.V.T.	14 874
Bedrag aan administrateur betaal	0	0	4 242 147	4 242 147
Aantal nuwe lede wat gedurende die jaar aangesluit het	283	262	456	1001
Aantal lede wat gedurende die jaar die Fonds verlaat het	750	208	308	1266
Opbrengs op beleggings as % van beleggings	N/A	N/A	N/A	28.0%

Notas:

¹ Interne administrasiegelde en ander derdeparty-gelde word tans volgens lidmaatskap tussen die N Opsie Plus en N Opsie Basies toegeedeel.

Dit beteken lede van die N Opsie Plus en N Opsie Basies het dieselfde nie-gesondheidsorg-uitgawe per lid per maand. Die gemiddelde bydrae per lid per maand vir lede van die N Opsie Basies is egter heelwat laer as dié van lede van die N Opsie Plus. Nie-gesondheidsorg-uitgawes as 'n persentasie van bydraes vir die N Opsie Basies is dus heelwat hoër as dié van die N Opsie Plus.

² Die pensioenariseringsverhouding van die N Opsie Plus het sedert 2009 gestyg, as gevolg van veranderings in lidmaatskap. Dit het meegebring dat die gemiddelde ouderdom van N Opsie Plus se lede toegeneem het.

³ Chroniese profiel: Die aantal begunstigdes wat vir 'n chroniese toestand geregistreer is, op 31 Desember, as 'n persentasie van alle begunstigdes op 31 Desember.

Die Raad van Trustees se verslag vir die jaar geëindig 31 Desember 2010

5.2 Resultate van werksaamhede

Die resultate van die Fonds word in die finansiële state uiteengesit en die trustees is van mening dat geen verdere verduideliking nodig is nie.

5.3 Solvensieverhouding

Die verhouding van opgehoopte fondse word bereken as opgehoopte fondse minus kumulatiewe ongerealiseerde wins, uitgedruk as 'n persentasie van geannualiseerde bruto bydraes.

2010: 57.7%

2009: 51.5%

Die verhouding is ruim bo die 25% (2008: 25%) soos voorgeskryf in die regulasies van die Wet op Mediese Skemas, Nr. 131 van 1998, soos gewysig. In vorige jare is rente en dividend-inkomste nie as gerealiseerde wins ingereken nie. Die trustees het besluit om die rente en dividend-inkomste vanaf 1 Januarie 2010 as gerealiseerde winste in te sluit. Die solvensie wat hier genoem word, is dus daarvolgens bereken. Indien die trustees dit nie as gerealiseerde winste ingereken het nie, sou die solvensievlak 54.1% wees, in vergeleke met die 57.7% hierbo.

5.4 Reserwefondsrekeninge

Bewegings in die reserwes word in die Veranderingstaat tot die lede se Fonds uiteengesit.

Beleggingsopbrengste was in 2010 hoër as verwag en het die begrotingsprojeksies oortref.

Voordeelbesteding vir die N Opsie Plus het gestabiliseer in vergelyking met vorige voordeeljare, en is binne die begroting. Daar was geen buitengewone bewegings in die reserwerekeninge wat na die trustees se mening onder Fondslede se aandag gebring moet word nie.

5.5 Uitstaande eise

Bewegings ten opsigte van die voorsiening vir uitstaande eise word in aantekening 5 by die finansiële jaarstate uiteengesit. Daar was geen buitengewone bewegings wat na die trustees se mening onder Fondslede se aandag gebring moet word nie.

Die Raad van Trustees se verslag vir die jaar geëindig 31 Desember 2010

6. BELEGGINGS IN EN LENINGS AAN WERKGEWERS VAN LEDE VAN DIE FONDS EN AAN ANDER VERWANTE PARTYE

Die Fonds het geen direkte beleggings in deelnemende werkgewers van Fondselede of ander verwante partye nie. Vrystelling is by die Raad vir Mediese Skemas verkry ten opsigte van indirekte beleggings in Naspers Beprek en sy filiale deur middel van kollektiewe beleggingskema-beleggings.

7. OUDIT- EN RISIKOBESTUURSKOMITEE

'n Oudit- en risikobestuurskomitee is ooreenkomstig die bepalings van die Wet op die been gebring. Die Komitee tree op in opdrag van die Raad van Trustees, by wyse van skriftelike opdragte met betrekking tot sy lidmaatskap, gesag en pligte. Die Komitee bestaan uit vyf lede, van wie twee in die Raad van Trustees dien. Die meerderheid van die lede, die voorsitter ingesluit, is nie beampptes van die mediese fonds of van sy derdeparty-verskafferadministrateur nie.

Die Komitee het in die loop van die jaar by vier geleenthede vergader:

25 Maart 2010
14 April 2010
13 Julie 2010
1 September 2010

Die voorsitter van die Fonds, die hoofbeampte, die rekenmeester, 'n trustee en die eksterne ouditeure woon ook alle vergaderings van die Oudit- en risikobestuurskomitee by en het onbeperkte toegang tot die voorsitter van die komitee.

Ooreenkomstig die bepalings van die Wet is die Komitee se primêre verantwoordelikheid om die Raad van Trustees by te staan in die uitvoering van sy pligte met betrekking tot die Fonds se rekeningkundige beleid, interne beheerstelsels en finansiële verslagdoeningspraktyke. Die eksterne ouditeure doen formeel aan die Komitee verslag oor die kritieke bevindings voortspruitend uit ouditbedrywighede.

Die Oudit- en risikobestuurskomitee bestaan tans uit die volgende persone:

R Jansen (Voorsitter)
F Wiese
G Visser
A Hugo
R Lake.

Die Raad van Trustees se verslag vir die jaar geëindig 31 Desember 2010

8. BELEGGINGSUBKOMITEE

Die beleggingssubkomitee se primêre verantwoordelikheid is om die Raad van Trustees by te staan in die uitvoering van sy pligte met betrekking tot die Fonds se beleggingsbeleid.

Die komitee het in die loop van die jaar by twee geleenthede vergader:

23 April 2010

27 Augustus 2010

Die komitee bestaan tans uit:

J Pieterse (voorsitter)

N Marais

I Barnes

F Wiese

N Meyer

H Hopkins (plaaservanger).

9. AKTUARIËLE DIENSTE

Die Fonds se aktuaris, Alexander Forbes Health, is geraadpleeg om die bydrae- en voordeelvlakke vir 2010 te bepaal, asook vir die berekening van die Skema se blootstelling aan kostes vir eise wat alreeds aangegaan, maar nog nie ingedien is nie op al drie opsies, en rente op die spaarrekening vir die N Opsie Plus en die M-Med Opsie.

10. LATERE GEBEURE

Geen wesentliche gebeure het ná finalisering van die balansstaat voorgekom nie.

Die Raad van Trustees se verslag vir die jaar geëindig 31 Desember 2010

11. NIE-VOLDOENING AAN DIE WET

Volhoubaarheid van voordeelopsies

Volgens artikel 33(2) van die Wet op Mediese Skemas, 131 van 1998, moet elke opsie selfonderhoudend ten opsigte van lidmaatskap en finansiële prestasie wees en moet dit finansiële gesond wees. Die opsiestaat toon dat die M-Med Opsie in 2010 nie selfonderhoudend was nie. Uit 'n voldoeningsoogpunt neem die Raad van Trustees kennis dat die M-Med Opsie 'n bedryfsverlies getoon het, maar die Raad is tevrede dat die M-Med Opsie in die geheel selfonderhoudend is ná beleggingsinkomste ingereken is.

Belegging in buitelandse maatskappye

Volgens Regulasie 30 van die Wet mag 'n skema nie belange in buitelandse maatskappye hê nie. Op 31 Desember 2010 het die Fonds 'n indirekte belang in British American Tobacco plc in die vorm van aandele ter waarde van R431 860 gehad. Die Fonds het tot 31 Oktober 2012 vrystelling ontvang van die Raad vir Mediese Skemas ten opsigte van voldoening aan hierdie regulasie.

Bydraes nie ontvang binne drie dae nadat dit betaalbaar is nie

Volgens Afdeling 26(7) van die Wet op Mediese Skemas, 131 van 1998, moet alle bydraes direk aan 'n mediese fonds betaal word nie later nie as drie dae nadat dit betaalbaar is. Daar was enkele gevalle waar die Fonds bydraes ná drie dae ontvang het nadat dit betaalbaar was, maar daar is geen kontrakte in plek wat instem tot hierdie reëling nie. Die totale bydraes wat vir langer as drie dae ná jaareinde uitstaande was, is gelykstaande aan 0.24% van die totale bydraes vir die jaar. Dit word deur die trustees doggehou.

Belegging in 'n deelnemende werkgewer

Volgens Afdeling 35(8) (a) van die Wet op Mediese Skemas, Wet 131 van 1998, word 'n mediese skema verhoed om enige van sy bates in 'n werkgewer te belê wat aan die skema deelneem. Teen 31 Desember 2010 het die Fonds indirek aandele ter waarde van R612 380 in Naspers Bpk deur middel van verpoelde beleggings by die Fonds se beleggingsbestuurders gehad. Die Fonds het vrystelling van nakoming van hierdie regulasie ontvang.

Report of the Board of Trustees for the year ended 31 December 2010

The Board of Trustees hereby presents its report for the year ended 31 December 2010.

1. DESCRIPTION OF THE MEDICAL FUND

1.1 Terms of registration

The Naspers Medical Fund is registered under the Medical Schemes Act 131 of 1998, as amended. As it is a closed fund, membership is limited to employees of Naspers Limited and its affiliated companies.

Registration number: 1241.

1.2 Benefit options within the Naspers Medical Fund

Naspers Medical Fund offers three benefit options to employees of Naspers Limited and its affiliated companies.

These are:

- N Option Plus
- N Option Basic
- M-Med Option

1.3 Administration of benefit options

The administration of the M-Med Option is outsourced to Discovery Health. The N Option Plus and N Option Basic were self administered (in-house) by the Fund for the period under review. The in-house administration of N Option Plus and N Option Basic was reviewed by the Board of Trustees in September 2010, and the decision was that the administration of these two options should be outsourced to Discovery Health from 1 January 2011.

In the past, managed care services were provided by Discovery Health for the M-Med Option and by a number of other external providers for the N Option Plus and N Option Basic. The Board of Trustees also reviewed managed care services for N Option Plus and N Option Basic in September 2010 and decided to consolidate the managed care and administration services for all three options under Discovery Health's administration from 1 January 2011.

Report of the Board of Trustees for the year ended 31 December 2010

1.4 Savings plan

The Naspers Medical Fund's benefit offering includes a savings account facility. This facility provides initial cover for day-to-day expenses according to the Fund rules.

Amounts in a member's savings facility not spent in previous years accumulate for the long-term benefit of the member. When a member leaves the Fund or transfers to a Fund option without a savings facility, the remainder of savings facility funds is refunded to the member. The money is transferred after four months from the date of change. Interest is paid on the positive balance in a member's savings facility at a rate determined by the Board of Trustees.

If a member's savings facility has a negative balance, this is reflected as a financial liability in the financial statements, repayable in terms of Regulation 10 of the Act.

Below are details for each of the options.

N Option Plus

15% of the member's total annual contribution is allocated to the savings facility. The entire savings allocation for the year ahead is available to the member on 1 January. No interest is charged on savings advanced to members.

M-Med Option

25% of the member's total annual contribution is allocated to the savings facility. The entire savings allocation for the year ahead is available to the member on 1 January. No interest is charged on savings advanced to members.

N Option Basic

This option does not have a savings account facility.

1.5 Risk transfer arrangements

No risks have been reinsured.

The Fund has entered into a capitation agreement with the Centre for Diabetes and Endocrinology to provide services to its members on the M-Med Option for the duration of the year.

Report of the Board of Trustees for the year ended 31 December 2010

2. MANAGEMENT

2.1 Board of Trustees

The following persons served on the Board of Trustees during the year under review and attended meetings of the Board of Trustees and meetings of the sub-committees:

Attendee/Invited	Note	Board of Trustees	Audit and Risk Management Committee				Investment sub-committee	N Options management committee			M-Med Option management committee		
		21 Apr	27 Sep	14 Apr	1 Sep	27 Aug	7 Apr	13 Sep	16 Sep	10 Feb	19 May	23 Sep	
Employer nominated trustees													
Dr G Coetzee		✓	✓	✓ ¹	x ¹	✓	✓	✓	x				
Mr J Pieterse		x ¹	✓			✓	✓	x	✓				
Mr I Barnes		✓	✓				✓	✓ ⁴	x				
Mr N Marais		✓	✓			✓	x	✓	x				
Ms K Hofmeyr			✓ ¹					✓ ¹	✓				
Mr O Lalbahadur		x	x				✓	✓	x				
Ms H Hopkins		✓	✓	✓ ¹	✓ ¹	✓ ²				✓	✓	✓	
Mr R Lake		✓	✓	✓	x					✓	✓	✓	
Member elected trustees													
Mr E Naude		✓	✓				✓	✓	✓				
Ms L van der Merwe		✓	✓				✓	✓	✓				
Mr F Wiese		✓	✓	✓	✓	✓	✓	✓	✓				
Ms S Erasmus		✓	x				✓	✓	✓				
Ms C Reed		✓	x							✓	✓	✓	
Mr P Hart-Davis		x	✓							✓	x	✓	
Other													
Mr G Altini				✓	✓								
Mr A Hugo				✓	✓								
Mr R Jansen				✓	✓								

Report of the Board of Trustees for the year ended 31 December 2010

Attendee/Invited	Note	Board of Trustees	Audit and Risk Management Committee				Investment sub-committee	N Options management committee			M-Med Option management committee		
		21 Apr	27 Sep	14 Apr	1 Sep	27 Aug	7 Apr	13 Sep	16 Sep	10 Feb	19 May	23 Sep	
Mr F Sulaiman										✓	✓	✓	
Mr N Meyer						✓				✓	✓	✓	
Ms G Kisbey-Green										✓	x	✓	
Mr C O'Reilly										✓	✓	✓	
Ms P Scholtemeyer										x	✓	✓	
Mr B Gillham										✓	✓	✓	
Mr M Davids										✓	✓	✓	
Mr A Gill										✓	✓	✓	
Mr C Voskuil	2	x	x							✓	✓	✓	
Mr P Nicholson	3	x	x							✓	✓	✓	
Mr R van der Westhuizen	4	x	x										
Ms A Smith	4	x	x	x	✓		x	x	x				
Ms L Klink	4		x					x	✓				
Ms L Vayej	5	x	x				x	x	x				
Mr M Mulder	5	x	x				x	x	x				
Mr G Owen	5	x	x				x	x	x				
Mr H Stander	5	x	x				x	x	x				
No. of circulated meetings held / decisions taken:		5	2			1	2			1			

Notes:

- ¹ By invitation
- ² Alternative for M-Med Option Employer trustee
- ³ Alternative for M-Med Option Member trustee
- ⁴ Alternative for N Options Employer trustee
- ⁵ Alternative for N Options Member trustee

■ Not required to attend / Not a member of the specified committee

Report of the Board of Trustees for the year ended 31 December 2010

2.2 Principal Officer

Ms J Louw

2.3 Registered office address

17th Floor
Naspers Centre
40 Heerengracht
Foreshore
Cape Town
8001

2.4 Fund administrators

As on 31 December 2010

N Option Plus and N Option Basic
Naspers Medical Fund
PO Box 2271
Cape Town,
8000

M-Med Option
Discovery Health
PO Box 784262
Sandton
2146

As at 1 January 2011

All options: N Option Plus, N Option Basic and M-Med Option
Discovery Health
PO Box 784262
Sandton
2146

2.5 Investment managers during the year

Investec

PO Box 1655
Cape Town
8000

Allan Gray

PO Box 51318
V&A Waterfront
Cape Town
8002

Report of the Board of Trustees for the year ended 31 December 2010

Coronation PO Box 993
Cape Town
8000

Prescient PO Box 31142
Tokai
7966

2.6 Actuaries

Alexander Forbes Health (Johannesburg) PO Box 61703
Marshalltown
2107

(Stellenbosch) PO Box 700
Stellenbosch
7599

2.7 Auditors

PricewaterhouseCoopers Inc PO Box 2799
Cape Town
8000

3. INVESTMENT POLICY OF THE FUND

The Fund's investment objectives are to deliver real return on its investments in the long term, within the constraints of the investment guidelines set in the Medical Schemes Act.

The Investment Sub-committee met twice during 2010. The mandate of the committee is to ensure that:

- the Fund's assets are sufficiently liquid;
- investment allocations are aimed at maximising return within the parameters of the Fund's investment policy. These parameters are designed to ensure that the Fund remains compliant with the Act and that the Fund's reserves are protected during adverse market conditions; and
- investment performance and recommendations are reported to the Board of Trustees on a regular basis.

Report of the Board of Trustees for the year ended 31 December 2010

The Fund invested in equity securities and cash instruments during 2010. The investment policy is reviewed regularly, taking into consideration compliance with the Act, the risk and returns of the various investment instruments and the surplus of funds available.

Investments in British American Tobacco shares (BTI)

Following the unbundling of Remgro and Richemont (the Rembrandt Group), Naspers Medical Fund holds BTI shares through its pooled products (with Coronation). This means that the Fund holds shares classified as “shares held in territories outside the Republic”, which is not permitted by the Medical Schemes Act unless the Registrar of Medical Schemes has exempted the Fund from complying with this requirement of the Act.

An extended exemption has been obtained from Registrar of Medical Schemes until 31 October 2012, by which date the BTI shares must be disposed of.

4. MANAGEMENT OF INSURANCE RISK

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

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

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

Insurance events are random by nature, and the number and size of events experienced in reality during any one year may differ from the number estimated beforehand by established statistical techniques. There are no changes to the assumptions used to measure insurance assets and liabilities that have a material effect on the financial statements and there are no terms and conditions of insurance contracts that have a material effect on the amount, timing and certainty of the Fund's cash flow.

Report of the Board of Trustees for the year ended 31 December 2010

5. REVIEW OF THE YEAR'S ACTIVITIES

5.1 Operational statistics for 2010

	N Option Plus	N Option Basic	M-Med Option	Total Fund
Number of members as at 31 December	3 407	923	2 879	7 209
Average number of members during the year	3 581	852	2 541	6 974
Number of beneficiaries as at 31 December	6 599	1 589	5 686	13 874
Average number of beneficiaries during the year	7 035	1 460	5 377	13 872
Proportion of dependants at 31 December	48.4%	41.9%	49.4%	48.0%
Average net contribution per member per month	1 949	987	1 650	1 723
Average net contribution per beneficiary per month	992	576	780	866
Relevant healthcare expenditure as a percentage of gross contributions	75.0%	66.9%	69.7%	72.5%
Non-healthcare expenses as a percentage of gross contributions ¹	8.8%	23.4%	10.8%	10.4%
Average age	36.8	25.7	25.1	30.7
Pensioners ratio ²	26.4%	1.4%	2.3%	13.6%
Chronic profile ³	30.8%	3.1%	8.5%	18.5%
Administration costs as a percentage of gross contributions	6.0%	15.8%	8.5%	7.5%
Managed care as a percentage of gross contributions	2.6%	6.9%	2.1%	2.7%
Average accumulated funds per member on 31 December 2010 (including unrealised gains on investments)	N/A	N/A	N/A	15 765
Amount paid to administrator	0	0	5 227 508	5 227 508
Number of new members joining in the year	414	544	845	1803
Number of members leaving in the year	573	220	245	1038
Return on investments as % of investments	N/A	N/A	N/A	9.4%

Notes:

- ¹ In-house administration fees and other third party fees are currently allocated by membership between the N Option Plus and N Option Basic. This results in the same non-health expense per member per month for N Option Plus and N Option Basic members. However, the average contribution per member per month for N Option Basic members is significantly lower than that of N Option Plus members. Therefore, non-health expenditure as a percentage of contributions for the N Option Basic is significantly higher than that of the N Option Plus.
- ² The pensioner ratio of the N Option Plus has increased since 2009, due to changes in membership. This has resulted in an increase in the average age of N Option Plus members.
- ³ Chronic profile: The number of beneficiaries registered for a chronic condition as at 31 December as a percentage of all beneficiaries as at 31 December. The sharp increase in the N Options percentage was due to members registering on chronic where they previously claimed the medication as acute.

Report of the Board of Trustees for the year ended 31 December 2010

Operational statistics for 2009

	N Option Plus	N Option Basic	M-Med Option	Total Fund
Number of members as at 31 December	3 566	599	2 279	6 444
Average number of members during the year	3 808	596	2 199	6 603
Number of beneficiaries as at 31 December	7 279	1 100	4 920	13 299
Average number of beneficiaries during the year	7 466	995	4 698	13 159
Proportion of dependants at 31 December	49.1%	41.9%	53.7%	50.19%
Average net contribution per member per month	1 742	893	1 527	1 594
Average net contribution per beneficiary per month	889	535	715	800
Relevant healthcare expenditure as a percentage of gross contributions	98.3%	89.4%	74.0%	89.4%
Non-healthcare expenses as a percentage of gross contributions ¹	9.5%	24.1%	10.9%	10.6%
Average age	35.2	25.5	30.3	32.6
Pensioners ratio ²	24.0%	1.7%	2.7%	14.54%
Chronic profile ³	19.8%	2.8%	6.3%	13.2%
Administration costs as a percentage of gross contributions	6.7%	16.9%	8.7%	7.8%
Managed care as a percentage of gross contributions	2.8%	7.2%	2.2%	2.8%
Average accumulated funds per member on 31 December 2009 (including unrealised gains on investments)	N/A	N/A	N/A	14 874
Amount paid to administrator	0	0	4 242 147	4 242 147
Number of new members joining in the year	283	262	456	1001
Number of members leaving in the year	750	208	308	1266
Return on Investments as % of Investments	N/A	N/A	N/A	28.0%

Notes:

¹ In-house administration fees and other third party fees are currently allocated by membership between the N Option Plus and N Option Basic. This results in the same non-health expense per member per month for N Option Plus and N Option Basic members. However, the average contribution per member per month for N Option Basic members is significantly lower than that of N Option Plus members. Therefore, non-health expenditure as a percentage of contributions for the N Option Basic is significantly higher than that of the N Option Plus.

² The pensioner ratio of the N Option Plus has increased since 2009, due to changes in membership. This has resulted in an increase in the average age of N Option Plus members.

³ Chronic profile: The number of beneficiaries registered for a chronic condition as at 31 December as a percentage of all beneficiaries as at 31 December.

Report of the Board of Trustees for the year ended 31 December 2010

5.2 Results of operations

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

5.3 Solvency ratio

The solvency ratio is calculated as accumulated funds less cumulative unrealised gains, expressed as a percentage of annualised gross contributions.

2010: 57.7%

2009: 51.5%

The ratio is well in excess of the prescribed 25% (2009: 25%) set by the Medical Schemes Act 131 of 1998, as amended. In prior years, interest and dividend income was not treated as realised gains. Effective 1 January 2010, the trustees elected to include the interest and dividend income as realised gains and the solvency reflected above is calculated accordingly. If the Trustees did not include this as a realised gain, the solvency would have been 54.1%, compared to 57.7% reflected above.

5.4 Reserve fund accounts

Movements in the reserves are set out in the Statement of Changes to the members' funds. Investment returns were higher than expected during 2010, exceeding the budget expectations. Benefit expenditure for the N Option Plus has stabilised compared to previous benefit years and is within budget. There have been no unusual movements in the reserve accounts that the Trustees believe should be brought to the attention of the members of the Fund.

5.5 Outstanding claims

Movements on the outstanding claims provision are set out in note 5 to the annual financial statements. There have been no unusual movements that the Trustees believe should be brought to the attention of the members of the Fund.

Report of the Board of Trustees for the year ended 31 December 2010

6. INVESTMENTS IN AND LOANS TO EMPLOYERS OF MEMBERS OF THE FUND AND TO OTHER RELATED PARTIES

The Fund holds no direct investments in participating employers of Fund members or other related parties. Exemption has been obtained from Council for Medical Schemes in respect of indirect investment holdings in Naspers Limited and its subsidiaries via collective investment scheme investments.

7. AUDIT AND RISK MANAGEMENT COMMITTEE

An Audit and Risk Management Committee was established in accordance with the provisions of the Act. The Committee is mandated by the Board of Trustees by means of written terms of reference as to its membership, authorities and duties. The Committee consists of five members, of whom two are members of the Board of Trustees. The majority of the members, including the Chairperson, are not officers of the medical fund or of its third party provider administrator.

The Committee met on four occasions during the course of the year:

25 March 2010

14 April 2010

13 July 2010

1 September 2010.

The Chairperson of the Fund, the Chairpersons of the Management Subcommittees, the Principal Officer, the accountant, a Trustee and the external auditors are also invited to attend all Audit and Risk Management Committee Meetings and have unrestricted access to the Chairperson of the Committee.

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

The members of the Audit and Risk Management Committee currently are:

R Jansen (Chairperson)

F Wiese

G Visser

A Hugo

R Lake

Report of the Board of Trustees for the year ended 31 December 2010

8. INVESTMENT SUB-COMMITTEE

The primary responsibility of the Investment Sub-committee is to assist the Board of Trustees in carrying out its duties relating to the investment policy of the Fund.

The Committee met on two occasions during the course of the year as follows:

23 April 2010

27 August 2010

The current members of this Committee are:

J Pieterse (Chairperson)

N Marais

I Barnes

F Wiese

N Meyer

H Hopkins (alternative).

9. ACTUARIAL SERVICES

The Fund's actuaries, Alexander Forbes Health, have been consulted to determine the contribution and benefit levels for 2010, the IBNR on all three options and interest on the savings accounts for the N Option Plus and M-Med Option.

10. SUBSEQUENT EVENTS

No material events took place after the balance sheet had been finalised.

Report of the Board of Trustees for the year ended 31 December 2010

11. NON-COMPLIANCE WITH THE ACT

Sustainability of benefit options

In terms of Section 33(2) of the Medical Schemes Act 131 of 1998, each option must be self-supporting in terms of membership and financial performance and must be financially sound. The option statement shows that the M-Med Option was not self supporting during 2010. From a compliance point of view, the Board of Trustees noted that the M-Med Option returned an operating deficit. However, taking investment income into account, the Board is comfortable that the M-Med Option is self-supporting overall.

Investment in foreign companies

In terms of Regulation 30 of the Act, a scheme should not have any share in foreign companies. At 31 December 2010, the Fund had an indirect holding in British American Tobacco plc shares to the value of R431 860. The Fund received exemption until 31 October 2012 from the Council for Medical Schemes in respect of compliance with this regulation.

Contributions not received within three days of it becoming due

In terms of Section 26(7) of the Medical Schemes Act 131 of 1998, all contributions must be paid directly to a medical scheme not later than three days after payment thereof becoming due. There were few instances where the Fund received contributions after three days of becoming due. However, there are no contracts in place agreeing to this arrangement. The total contributions outstanding for more than three days after year-end equates to 0.24% of gross contributions for the year. This is being monitored by the Trustees.

Investment in participating employer

In terms of Section 35(8)(a) of the Medical Schemes Act 131 of 1998, a medical scheme is prohibited from investing any of its assets in an employer who participates in that scheme. At 31 December 2010 the Fund indirectly held shares in Naspers Ltd to the value of R612 380 through pooled investments with their investment managers. The Fund received exemption from compliance with this regulation.

**Annual Financial Statements
For the year ended 31 December 2010****INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF NASPERS MEDICAL FUND**

We have audited the annual financial statements of the Naspers Medical Fund, which comprise the statement of financial position as at 31 December 2010, the statement of comprehensive income, the statement of changes in members' funds and the statement of cash flows for the year then ended, and a summary of significant accounting policies and other explanatory notes, as set out on pages 5 to 38.

Trustees' Responsibility for the Financial Statements

The fund's trustees are responsible for the preparation and fair presentation of these financial statements in accordance with International Financial Reporting Standards, and in the manner required by the Medical Schemes Act 131 of 1998, as amended, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatements whether due to fraud or error.

Auditor's Responsibility


Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with International Standards on Auditing. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the trustees, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of the fund as at 31 December 2010, and of the financial performance and cash flows for the year then ended in accordance with International Financial Reporting Standards, and in the manner required by the Medical Schemes Act 131 of 1998, as amended.


PricewaterhouseCoopers Inc
Director: Mr V Wiese
Registered Auditor
Cape Town

21 April 2011

*PricewaterhouseCoopers Inc, No 1 Waterhouse Place, Century City 7441, P O Box 2799, Cape Town 8000
Reg. no. 1998/012055/21, T: +27 (21) 529 2000, F: +27 (21) 529 3300, www.pwc.com/za*

Executive: S P Kana (Chief Executive Officer) T P Blandin de Chalain D J Fölscher G M Khumalo S Subramoney F Tonell
D J Fölscher (Chief Executive Officer, Western Cape region)
The Company's principal place of business is at 2 Egin Road, Sunninghill where a list of directors' names is available for inspection.
PricewaterhouseCoopers Inc is an authorised financial services provider.
VAT reg.no. 4550174682.



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