



GTC GAP Cover Survey

The GTC GAP Cover Survey - 2018

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Foreword

Welcome to this, the first edition of GTC's Gap Cover Survey.

As a result of the success of the Medical Aid Surveys that Jill Larkan, our Head of Healthcare Consulting has conducted over the past seven years, and prompted by numerous requests, GTC has seen fit to do further research and assessment on the Gap/Top up cover that is separately available in the healthcare arena.

It is not just the statistics and data that make this report credible. It is the manner in which Jill and her team have applied it, which has made this survey a tangible value adding business tool, for corporates and private members alike. Just as with the GTC Medical Aid Survey, Jill is accurate with her statistical data and forthright with her opinion.

Being a new and independent survey, additional and complimentary to the conventional Medical Aid survey (MAS) which GTC undertakes annually, there is no doubt that additional perspectives and data analysis can be introduced. Your input, constructive or negative, will help us build on and improve our survey, which we intend conducting on an annual basis.

Please feel free to contact Jill or myself in this regard.

Enjoy this survey - I trust you find it both interesting and informative.

Regards

Gary Mockler
Group CEO



Introduction to GTC



GTC is a leading financial advisory business, specialising in the areas of retirement fund administration and consulting, healthcare consulting, private client wealth management, short term risk solutions, investment management, fiduciary services and other areas of financial advice. GTC also operates a unit trust management company and is a licensed investment manager for both retirement funds and private clients in accordance with the Financial Services Board (FSB).

The business was established from within the Grant Thornton Johannesburg audit practice, itself part of Grant Thornton International. Effective late 2012, GTC was obliged to separate itself from Grant Thornton due to various international regulations imposed by the SEC, which separated the asset management capability of any business from that of an audit company.

Grant Thornton Capital rebranded and changed its name to GTC, operating as a fully independent entity from Grant Thornton. Our founder Gary Mockler remains the CEO and a key shareholder, whilst GTC proudly continues its association with Grant Thornton, within the permitted international parameters.

As a financial advisory business, GTC holds all the necessary licenses from the Financial Services Board and is a registered FSP. We have been awarded the PMR. Africa Golden Arrow Award for excellence in the category of 'medium-sized pension fund administrators and consultants' over a number of years.

Collectively the GTC group employs a little over 120 staff in the three national centres. Assets under management total some R34 billion with several more billion Rand under GTC's administration.

We have some 94 000 participating members of retirement funds through about 340 participating employer schemes, most of these structured through one of several GTC umbrella funds. In addition, we consult to around 2 500 private clients in terms of their wealth management goals.

GTC proudly sponsors the Johannesburg Symphony Orchestra (JSO), fostering the musical talent of present and future generations, supporting classical music and uplifting previously disadvantaged musicians.

We also sponsor the Wanderers Golf Club in Johannesburg, in support of golf and our local community.

The GTC team lives the brand **consult • partner • manage**.

About the author

Biography

Jillian Larkan is Head of Healthcare Consulting and Thought Leadership at GTC. She has extensive experience in the financial services sector, in which she has worked for more than 33 years.

Before establishing her own business, Jill gained corporate experience through a career path which included Old Mutual, Sage Life and Glenrand MIB. Jill ran her own brokerage, Financial Affairs, for 10 years before joining GTC in 2012.

Jill holds an Advanced Post Graduate Diploma in Financial Planning, from the University of Free State and is very proudly, a Certified Financial Planner®, an internationally recognised financial advisory designation, awarded by the Financial Planning Institute. Jill is also a member of the Insurance Institute of South Africa, and the Financial Intermediaries Association of Southern Africa (FIA).

As Head of Healthcare at GTC, Jill is responsible for this service area, as well as for the publishing of the GTC Annual Medical Aid Survey, which analyses and rates all Open Medical Aids. This resource is made available to the industry, free of charge, from Healthcare consultants to Human Resources directors.

Jill is also a regular market commentator on matters within the Healthcare industry, continuously publishing articles in all major newspapers, industry magazines such as FA News, as well as general publications such as Destiny Magazine, Rooi Rose and All4Women. Jill can be heard on several radio channels addressing topical healthcare-related issues and has made several TV appearances doing the same.

Jill is blessed to be the mother of three children, the youngest of which is a very busy 11-year old daughter. Jill is an enthusiastic sportsperson, having played soccer and hockey in earlier years, and still actively participates in a wide variety of outdoor sports including triathlons, trail running, mountain-biking, swimming, boating and hiking.

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GTC Gap Cover Survey



1. Introduction

We are proud to introduce this first edition of the GTC Top-up/Gap Cover Survey.

The survey places all plans into one of eighteen different identified categories. Thereafter it rates the plans based on four Core factors, before it incorporates the premiums charged, to determine the preferable plans in each of the categories.

We anticipate that the survey will be used by:

- GTC consultants within the Healthcare team, as well as by the rest of the diversified financial services teams at GTC, to evaluate and confirm the benefits and premiums due by their employer groups and organisations who hold Top-up/Gap cover.
- External consultants within the healthcare fraternity whose FAIS responsibility is the same as ours, to conduct research and offer the most appropriate plans, with the most cost effective affordable premiums to suit identified cover needs of their clients.
- Employers, who provide Group Top-up/Gap Cover to their employees, whether Financial Directors, CEO's or Human Resource teams, who will make use of the data supplied in our survey to assess and rate their own plan against peers' available in the market place and determine the suitability of their plans and premiums. We acknowledge that group schemes often receive a substantial discount in premiums, so should fare well when compared to the premiums reflected in our survey. We remain available to any employer group who may wish to engage our services to assist with this exercise.
- Service providers themselves will investigate the content and compare it to their own plans to ensure that they are, and continue to be, competitive within their categories.
- Members (our ultimate target audience) to ensure that they are receiving the best possible benefits for the lowest possible premium.



Our survey includes twenty providers with all their plans. Each plan is rated on an overall basis using our Core ratings, as well as a specific basis, using only one rating area.

We have further included interesting statistics regarding each of the supplementary benefits provided by plans to highlight the variety of benefits available to members and employers.

On the overall rating, only four Core major benefits provided are considered and rated, whilst sector benefits are rated only on premiums and not underlying benefit levels, although these are made available for consideration.

The variety of plan types available in the market made it extremely difficult to categorise and group.

There is no central database reflecting all of the Top-up/Gap policies or their range of benefits, or any guide regarding benefit types.

In the interests of assisting, not only our own internal consultants, but also the healthcare consulting fraternity as a whole, we release the findings of our survey to the public. The survey is also available on our website to download from www.gtc.co.za.

We acknowledge that, over time our survey will change with the introduction of new players, anticipated rule changes, emerging healthcare developments, as well as premium and benefits amendments.

2. Participants

As independent consultants offering a range of products to our clients, we realised the need to conduct continual market comparisons between those plans with which we have contracts and those which our clients requested comparisons with. This information has reached critical mass, and will also be useful to other consultants whose FAIS duty it is to perform a similar analysis for their clients in order to provide unbiased, knowledgeable and researched advice within the range clients may require.

Included in this inaugural survey are all the relevant participants that we could find, namely:

- Absa
- Admed
- Agility
- Ambledown
- AUH
- Care
- Cura
- Discovery
- Health and Accident
- iWyze
- KaeloXelus
- Linksave
- Medway
- Sanlam
- Sirago
- Stratum
- TRA
- Turnberry
- Western
- Zestlife

We do not believe that this list is exhaustive, but in the interests of creating a database from which to start our survey we have begun with these participants. We invite any other participants to make contact with us for inclusion in future editions of this survey.

GTC Gap cover survey

2.1 Plan types

Within these twenty participants, there are eighty five different plans. Upon analysis of the eighty five plans, we found that there were eighteen different categories of products centered around our four identified Core categories.

The following table is an indication of the numbers and types of products available in the Top-up/Gap Cover market separated into percentage cover sectors.

Plan types						
Scheme	200% cover	300% cover	350% cover	500% + cover	Stand-alone	Total
Gap only	2		2	10		14
Gap + Co Pay	1			6		7
Gap + Co Pay + Oncology	1		1	3		5
Gap + Co Pay + Oncology + Sub-Limit	2			31		33
Gap + Co-Pay + Sub-Limit		1		4		5
Gap + Oncology	5			8		13
Gap + Oncology + Sub-Limit				3		3
Gap + Sub-Limit				2		2
Oncology					1	1
Co Pay + Oncology + Sub-Limit					1	1
Excluded Procedures Cover					1	1
Total	11	1	3	67	3	85

2.1 Plan types

From this table we can extrapolate that:

- Percentage sectors
 - 13.00% of providers offer plans which center around 200% of your medical aid rate
 - 3.50% of plans offer 350% of your medical aid rate
 - 3.50% don't offer any in-hospital Gap Cover at all
 - 78.50% provide the highest cover of 500% and above
- Core benefit groups
 - 16.60% of plans are gap cover only plans
 - 38.09% provide gap, co-payment, oncology and sub-limit benefits
 - 15.47% provide only gap and oncology benefits
 - 29.84% of plans (split between 1% and 5%) provide a spread of the balance of benefits listed above



2.2 Demarcation regulations

With the introduction of the Demarcation Regulations in 2017, the bulk of the changes taking effect from 1 January 2018, we found that many schemes introduced age-rated premiums. These premium adjustments were particularly harsh on those members who are over 65 years of age.

The basics of the Demarcation Regulations which were introduced in April 2017, but which content became effective from January 2018, were as follows:

- The maximum which plans are allowed to pay out for Top-up/Gap Cover will be R150 000 per person per annum.
- Hospital Cash Back plans will be limited to either R3 000 per day, or R20 000 overall lump sum per person per annum.
- Primary Healthcare Plans would receive a two-year exemption from being registered as Medical Aids and complying with the Medical Schemes Act.
- Waiting periods may be imposed:
 - 3 month general waiting period
 - 12 month condition-specific waiting period on pre-existing conditions
- Age rated premiums are now permitted based upon an age specified by the insurer.

2.2.1 Waiting periods

Demarcation brought with it a host of changes in the market. Most significant of these are the underwriting maximums which a scheme may impose on all who apply for membership. These being the three month general waiting period and/or the twelve month condition-specific waiting period for events which occurred twelve months prior to application. This means that any member of the public may apply for membership of any Top-up/Gap Cover plan and know that the longest period which they will be limited from receiving the maximum cover provided by the scheme is twelve months.

Schemes may no longer impose life-long exclusions on pre-existing conditions. The imposition of the waiting period may deter people who may want to join so that they can submit a claim right away. People with existing conditions, who are scheduled for hospital admissions or upcoming operations, cannot simply join a plan, claim and then resign membership again. This allows schemes and existing members a small amount of protection against anti-selection of this kind.

2.2.2 Age rating

The age rated premiums which the Demarcation Regulations allow, enable schemes to discourage the elderly from joining the plans, as the premiums charged for members older than, usually 65, are substantially higher than the normal rates. In fact, these premiums are sometimes more than double. The elderly, who are the highest claimers statistically, who are not on a scheme before the "seniors" age identified by the scheme (generally accepted to be around 65) and want to join the plan after that age, will be asked to pay a substantially higher premium for the same or a similar level of cover.

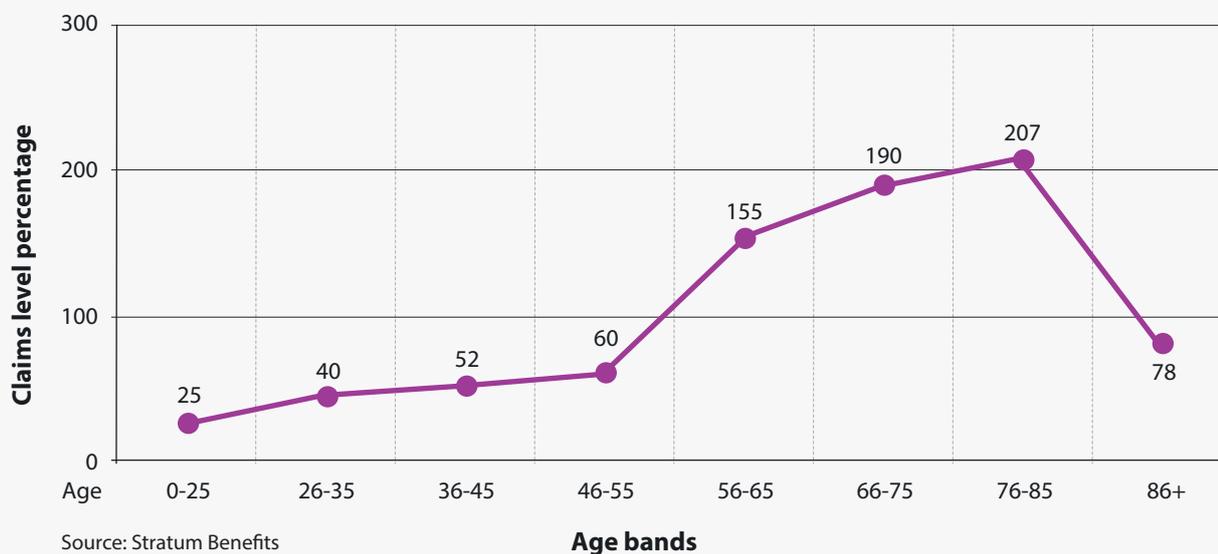
According to statistics released by Stratum Benefits there are an estimated 550 000 families on Gap Cover, and of these 24.5% of the beneficiaries are aged 65 and above. Further, the Gap utilisation based upon age and solely upon the Stratum statistics, reveal that members in the older age groups claim more.

The graph below indicates the claims vs contribution rates experienced by Stratum Benefits during 2017 for members in different age groups. This clearly indicates that members in the older age groups claimed much more than the premiums which they paid in, and that Stratum are justified in charging higher premiums to members within those age groups.

GTC Gap cover survey

Claims

Gap utilisation: claims vs. contribution per age



2.2.3 R150 000 maximum

Many healthcare consultants and members of Top-up/Gap Cover plans were concerned about the maximum of R150 000 being imposed upon claims. Stratum Benefits have further advised that the highest single claim which they have paid out during 2016 amounted to R122 584, whilst the maximum in 2017 was R118 523. This is an indication that whilst the R150 000 is still sufficient in these cases, it is likely to be breached in the coming years.

KaeloXelus noted that after assessing why members would need cover in excess of the R150 000, a few factors should be taken into consideration before embarking on an exercise to extend the benefit limits imposed, being:

- the absence of statutory benefit tariffs within the healthcare industry;
- the absence of regulated fees for medical professionals;
- regulations within the Medical Schemes Act (Reg 8), which drives medical professionals' behaviour towards charging higher fees;
- the Treating Customers Fairly Outcomes 2, which dictates that insurers must provide benefits which meet the needs of policyholders;
- the statutory limitations within the Demarcation Regulations which limit the R150 000 increase to CPI annually (Section 7.2 (2)), whereas Top-up/Gap cover claims increase at much higher levels.

The ongoing ingenuity within the Financial Services Sector, along with the obvious need to continue to meet the needs of clients, will result in Financial Service Providers' continued development of products to extend beyond this imposed limit.

Mike Settas of KaeloXelus confirms that, "Whilst it is recognised that the prevalence of a single claim event exceeding R150 000 is low, the impact for an individual policyholder of absorbing such a claim could be significant.

This is further exacerbated by the uncertainty of the points above (no tariff or fee regulations exists in SA) and, over time, the likelihood of claims breaching the statutory limit will increase (point 5 above)."



Whilst this limit would have been sufficient within the past claiming cycles, Justin Savage, Director at KaeloXelus confirms that a recent claim in excess of R500 000 for an oncology shortfall has been received and is being processed, indicating that this limit is being breached and by quite substantial sums.

These above limit claims will be devastating on families, who have no means of insuring themselves. This could mean either bankruptcy or abandoning the treatment on offer, and the devastation which that brings to the family.

2.3 Premium ranges

Many of the schemes implemented age-rated premiums from 1 January 2018. However, given that there is no standard “seniors” age set by healthcare officials, the table below reflects the number of different age bands on which the various schemes base their premiums:

The age bands provided by schemes are:

18-27	28-64	0-54	0-60	60+	42-65	55-65	65+	75+
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All in all there are nine basic age bands upon which premiums are based for the eighteen different categories of plans included in our survey. As schemes continue to apply different age bands in an effort to differentiate themselves, and without the direction of government or healthcare officials regarding a set “seniors” age, this large number of age bands is expected to continue, and increase.

2.4 Individual, family, under- or over 65s

In preparing to compare plans with one another, we noted that many contributions are split between individuals and family rates, sometimes doubling the number of participants in the tables to be considered. These contributions are then further split between those members below and above the age of 65.

In an effort to standardise comparison fields in our survey we will make mention of the balance of the premiums where applicable, or will highlight stellar performers where we have found merit to do so. The table below reflects the various categories within which premiums are rated.



GTC Gap cover survey

3 Age rating

3.1 Assumptions

As there is no benchmark upon which to gauge or measure the providers, we have used our own Core ratings. To enable a clear understanding of the results which we found, we reiterate the assumptions which we made:

- The premiums were split between those under 65 and those over 65, where appropriate.
- The premiums are split between individuals and families.
- The highest benefit level used for Gap cover is 500%.
- The highest benefit level used for Co-Payment, Oncology and Sub-Limits is R150 000 per person per annum.

3.2 Categories

In order to simplify the rating of the numerous different schemes in the different plan ranges, we identified Core benefits which the majority of plans provide. We then used these Core benefits to categorise plan ranges.

The different categories which we rated schemes on, are:

- Gap Cover – in-hospital gap cover and percentage cover the scheme provides.
- Co-Payment Benefit – the provision of a co-payment benefit.
- Oncology Cover – the provision of additional cover for cancer
- Sub-Limit Benefit Extender – provided to enhance sub-limits imposed by the medical aids.

In order to accurately rate the importance of the benefits in each of these categories, we weighted them. Gap Cover received a 60% weighting, whilst the rest all received a 13.33% weighting equally.

Within each of these four categories, we identified that benefits were provided at varying levels.

3.3 Gap cover levels/sectors

We noted that the Gap cover providers offered benefits in two different ways.

The first is a maximum amount which the Gap cover insurers are prepared to cover, e.g. a maximum of 500% would be payable for an event or procedure. This 500% is inclusive of the amount paid by your medical aid. Thus, on a 500% scheme, the maximum benefit payable would be 500%, less for example, the 100% which your medical aid pays, leaving the Top-up/Gap cover to fund the balance of the 400% (providing of course the bill comes to at least 500%.)

The second method of funding is payable on top of whatever your medical aid has paid out. Thus, if your medical aid paid out 100%, and you were on a 500% plan, then the Top-up/Gap policy would fund another 500% of the bill, provided of course the bill came to more than 600% of the medical aid tariff (100% paid by your medical aid and 500% paid by your Top-up/Gap policy). This second scenario would cover a higher amount than the former.

From our analysis we can confirm that the levels of cover being provided by Top-up/Gap providers are reflected in the table below:

Sector percentage cover levels:

200	300	350	500	600	700
-----	-----	-----	-----	-----	-----



We have used the level of Gap cover being provided as our primary core rating field as Gap cover forms the base of most of the product ranges offered.

In determining a rating for each participant in this category, (which carries a 60% weighting overall) and having determined that 500% cover was more than adequate to cater for the majority of claims received and processed, we awarded every participant whose benefits were 500% or above, full marks or 100%.

These Gap policies in themselves are difficult to compare with one another, because they all offer varying levels of additional cover, ranging from 200% to 700%. This cover may be reflected as 'up to x% of what your medical scheme pays' or over and above what your medical scheme pays.' So, to simply compare all schemes with such a variety of ranges of cover would be unfair.

In our results section, you will find an indication of the levels of cover being provided, as well as a cost analysis, and an indication of our preferred provider in each sector.

As this section is weighted 60% of the overall score, a plan accumulating maximum marks would score as follows:

$$\frac{500\% \text{ (Gap cover)}}{500\% \text{ (Maximum)}} \times 60\% \text{ (Weighting)} = 60 \text{ (Points)}$$

For participants providing cover of less than 500%, a proportional percentage was awarded, with a weighted score counting towards the total points per participant.

3.3.1 Premium ranges

Due to the imposition of the limitations introduced by the Demarcation Regulations mentioned in 2.2 above, the highest benefit provided under most sub-categories is R150 000 per person per annum.

To determine the rating for each of the Core rating categories, being Co-Payment, Oncology and Sub-Limit extender, we awarded full marks (100%) to each participant whose benefits were at the maximum level of R150 000 per person per annum.

For the balance of participants whose benefit levels were below R150 000, a percentage allocation rating was awarded, based on the share of the maximum they provided, eg. a scheme providing an Oncology benefit limited to R100 000, would score as follows:

$$\frac{R100\,000 \text{ (Oncology benefit)}}{R150\,000 \text{ (Maximum)}} = 66.66\%$$

$$66.66\% \times 13.33\% \text{ (Weighting)} = 8.88 \text{ (Points)}$$

As this benefit is weighted at 13.33%, a score of 8.88 would accumulate toward their total points.

All **Core** benefits have been rated against this maximum provision limit.

3.4 Category performers

We have identified eighteen categories which the plans fit into.

The performers are separated into their Gap cover sectors, being either 200%, 300%, 350% or 500%+, and then into the Core performing categories, or additional supplementary benefits provided in those sectors.

We also highlight the best premium performers in each sector. Please note that these sectors merely indicate that the benefits mentioned are included in the plan types and **not** that these benefits are provided at the maximum levels available.

3.4.1 200% sector

3.4.1.1 Gap only

Insurer's name	Option name	Contribution - individual - 65	Contribution - individual 65+	Contribution - family - 65	Contribution - family 65+
Agility	Gap 200	63	63	63	63
Stratum Benefits	Edge 200	180	300	Not available to families	Not available to families

3.4.1.2 Gap and co-payment

Insurer's name	Option name	Contribution - individual - 65	Contribution - individual 65+	Contribution - family - 65	Contribution - family 65+
Admed	Medgap Primary	246	470	246	470

3.4.1.3 Gap and co-payment and oncology

Insurer's name	Option name	Contribution - individual - 65	Contribution - individual 65+	Contribution - family - 65	Contribution - family 65+
Agility	Gap & CoPay Combined 200	128	128	128	128

3.4.1.4 Gap and co-payment and oncology and sub-limit

Insurer's name	Option name	Contribution - individual - 65	Contribution - individual 65+	Contribution - family - 65	Contribution - family 65+
Admed	Medgap Supreme	390	499	390	499
Stratum Benefits	Compact 200	180	350	210	350

3.4.1.5 Gap and oncology

Insurer's name	Option name	Contribution - individual - 65	Contribution - individual 65+	Contribution - family - 65	Contribution - family 65+
Discovery	Comprehensive (Executive & Classic Plans)	135	290	230	475
Discovery	Comprehensive (Essential & Coastal Plans)	250	605	560	1135
Discovery	Core (Executive & Classic Plans)	90	180	150	265
Discovery	Core (Essential & Coastal Plans)	165	575	395	920
TRA	Basic Cover 200	99	300	150	300

Please note that these sectors merely indicate that the benefits mentioned are included in the plan types and NOT that these benefits are provided at the maximum levels available.

3.4.2 300% sector

3.4.2.1 Gap and co-payment and sub-limit

Insurer's name	Option name	Contribution - individual - 65	Contribution - individual 65+	Contribution - family - 65	Contribution - family 65+
ZestLife	Essential	245	351	307	351

Please note that these sectors merely indicate that the benefits mentioned are included in the plan types and NOT that these benefits are provided at the maximum levels available.

3.4.3 350% sector

3.4.3.1 Gap only

Insurer's name	Option name	Contribution - individual - 65	Contribution - individual 65+	Contribution - family - 65	Contribution - family 65+
Agility	Gap 350	112	112	112	112
Turnberry	Launch	99	155	99	155

3.4.3.2 Gap and co-payment and oncology

Insurer's name	Option name	Contribution - individual - 65	Contribution - individual 65+	Contribution - family - 65	Contribution - family 65+
Agility	Gap & CoPay Combined 350	182	182	182	182

Please note that these sectors merely indicate that the benefits mentioned are included in the plan types and NOT that these benefits are provided at the maximum levels available.

3.4.4 500% sector

3.4.4.1 Gap only

Insurer's name	Option name	Contribution - individual - 65	Contribution - individual 65+	Contribution - family - 65	Contribution - family 65+
Agility	Gap 500	152	152	152	152
Ambledown	Gap	265	397.50	265	397.50
Ambledown	GapLPE Advanced	260	390	260	390
AUH Gap Range	Listed Procedure Enhancer (LPE)	280			
AUH Gap Range	Listed Procedure Enhancer (LPE) Seniors		350		
Care Range	Listed Procedure Enhancer (LPE)	280		280	
Care Range	Listed Procedure Enhancer (LPE) Seniors		350		
Linksave	Network Plus			235	
Stratum Benefits	Base	180	350	205	350
Western	GapCover	160	160	160	160

3.4.4.2 Gap and co-payment

Insurer's name	Option name	Contribution - individual - 65	Contribution - individual 65+	Contribution - family - 65	Contribution - family 65+
Ambledown	Gap Plus	330	440	330	440
Cura	GapCo MRI Cover	295	295	295	295
Linksave	Gap 500 Plus			260	
Sirago	Gap Cover	191	271	206	293
Stratum Benefits	Co-Evolution	200	400	250	400
Western	GapCover with CoPay	215	215	215	215

Please note that these sectors merely indicate that the benefits mentioned are included in the plan types and NOT that these benefits are provided at the maximum levels available.



3.4.4.3 Gap and co-payment and oncology

Insurer's name	Option name	Contribution - individual - 65	Contribution - individual 65+	Contribution - family - 65	Contribution - family 65+
Agility	Gap & CoPay Combined 500	258	258	258	258
Sirago	Plus Gap Cover	237	333	270	380
TRA	Super Cover Plus	210	315	210	315

3.4.4.4 Gap and co-payment and oncology and sub-limit

Insurer's name	Option name	Contribution - individual - 65	Contribution - individual 65+	Contribution - family - 65	Contribution - family 65+
Absa	Gold	315	435	315	435
Agility	Gap & CoPay Ultra	380	380	380	380
Ambledown	Gap Select	390	585	390	585
Ambledown	Gap Supreme	420		420	
AUH Gap Range	Gap Select	390			
AUH Gap Range	Gap Select Seniors		460		
AUH Gap Range	Gap Select Seniors Excess		435		
AUH Gap Range	Gap Select Excess	350			
Care Range	Xtra Care	365		365	
Care Range	Xtra Care Seniors		460		460
Care Range	Xtra Care Excess	350		350	
Care Range	Xtra Care Excess Seniors		435		
Cura	GapCo Sub CA Plus Cover	455	455	455	455
IWyze	Gap Cover	320	320	320	320

Please note that these sectors merely indicate that the benefits mentioned are included in the plan types and NOT that these benefits are provided at the maximum levels available.



3.4.4.4 Gap and co-payment and oncology and sub-limit (continued)

Insurer's name	Option name	Contribution - individual - 65	Contribution - individual 65+	Contribution - family - 65	Contribution - family 65+
KaeloXelus	Fusion	350	600	350	600
Linksave	Gap Comprehensive - Individual	270			
Linksave	Gap Comprehensive - Family			365	
Medway	GapPremium	R350		R350	
Medway	GapPremium Plus	410		410	
Medway	GapPremium Senior		610		610
Sanlam	Comprehensive Gap Cover	250	600	250	600
Sirago	Ultimate Gap Cover	311	412	353	468
Stratum Benefits	Elite	295	470	355	575
Stratum Benefits	G-Force			320	500
Stratum Benefits	Senior		475		475
TRA	Absolute Cover Plus	345	415	345	415
Turnberry	Premier	337	458	337	458
Turnberry	Optimal	256	344	256	344
Zestlife	Universal	327	470	413	470

3.4.4.5 Gap and co-payment and sub-limit

Insurer's name	Option name	Contribution - individual - 65	Contribution - individual 65+	Contribution - family - 65	Contribution - family 65+
Cura	GapCo Sub Cover	315	315	315	315
Health and Accident	Gap Plus Combination Co-Payment Cover Plan	175	394		
Health and Accident	Gap Premier Combination Co-Payment Cover Plan	207	426		
Turnberry	Synergy	195	263	195	263

Please note that these sectors merely indicate that the benefits mentioned are included in the plan types and NOT that these benefits are provided at the maximum levels available.



3.4.4.6 Gap and oncology

Insurer's name	Option name	Contribution - individual - 65	Contribution - individual 65+	Contribution - family - 65	Contribution - family 65+
Absa	Silver	265	360	265	360
AUH Gap Range	Gap	270		270	
AUH Gap Range	Gap Seniors		340		
Care Range	Care	260		260	
Care Range	Care Seniors		340		340
Medway	GapCore	275		275	
Medway	GapCore Senior		480		480
TRA	Vital Cover Plus	165	250	165	250

3.4.4.7 Gap and oncology and sub-limit

Insurer's name	Option name	Contribution - individual - 65	Contribution - individual 65+	Contribution - family - 65	Contribution - family 65+
Ambledown	Gap Elite	360	540	360	540
Medway	GapXtra	305		305	
Medway	GapXtra Senior		535		535

3.4.4.8 Gap and sub-limit

Insurer's name	Option name	Contribution - individual - 65	Contribution - individual 65+	Contribution - family - 65	Contribution - family 65+
Health and Accident	Gap Plus Cover Plan	127	338		
Health and Accident	Gap Premier Cover Plan	163	374		

Please note that these sectors merely indicate that the benefits mentioned are included in the plan types and NOT that these benefits are provided at the maximum levels available.

3.4.5 Stand-alone

3.4.5.1 Co-payment and oncology and sub-limit

Insurer's name	Option name	Contribution - individual - 65	Contribution - individual 65+	Contribution - family - 65	Contribution - family 65+
Ambledown	Guardian	140	210	140	210

3.4.5.2 Co-payment and oncology

Insurer's name	Option name	Contribution - individual - 65	Contribution - individual 65+	Contribution - family - 65	Contribution - family 65+
Agility	CoPay	90			

3.4.5.3 Excluded procedures cover

Insurer's name	Option name	Contribution - individual - 65	Contribution - individual 65+	Contribution - family - 65	Contribution - family 65+
Stratum Benefits	Access Optimiser	235	285	235	285

Please note that these sectors merely indicate that the benefits mentioned are included in the plan types and NOT that these benefits are provided at the maximum levels available.



3.5 Best performers per core category

3.5 Best performers per core category

Our survey reveals that the best performers in the different categories which we analysed are:

3.5.1 Gap cover (difference of in-hospital benefits)

The listed participants all scored 100% in this rating category.

3.5.1 Gap cover (difference of in-hospital benefits)

Insurer's name	Option name
Absa	Silver
Absa	Gold
Agility	Gap 500
Agility	Gap & CoPay Combined 500
Agility	Gap & CoPay Ultra
Ambledown	Gap Elite
Ambledown	Gap Select
Ambledown	Gap Supreme
Ambledown	Gap
Ambledown	GapLPE Advanced
Ambledown	Gap Plus
AUH Gap Range	Gap
AUH Gap Range	Gap Select
AUH Gap Range	Gap Seniors
AUH Gap Range	Listed Procedure Enhancer (LPE)
AUH Gap Range	Gap Select Seniors
AUH Gap Range	Listed Procedure Enhancer (LPE) Seniors
AUH Gap Range	Gap Select Seniors Excess
AUH Gap Range	Gap Select Excess
Care Range	Care
Care Range	Xtra Care
Care Range	Care Seniors
Care Range	Xtra Care Seniors
Care Range	Xtra Care Excess
Care Range	Xtra Care Excess Seniors
Care Range	Listed Procedure Enhancer (LPE)
Care Range	Listed Procedure Enhancer (LPE) Seniors



3.5.1 Gap cover (difference of in-hospital benefits) - continued

Insurer's name	Option name
Cura	GapCo MRI Cover
Cura	GapCo Sub Cover
Cura	GapCo Sub CA Plus Cover
Health and Accident	Gap Plus Cover Plan
Health and Accident	Gap Premier Cover Plan
Health and Accident	Gap Plus Combination Co-Payment Cover Plan
Health and Accident	Gap Premier Combination Co-Payment Cover Plan
iWyze	Gap Cover
KaeloXelus	Fusion
Linksave	Gap 500 Plus
Linksave	Gap Comprehensive – Individual
Linksave	Gap Comprehensive – Family
Linksave	Network Plus
Medway	GapCore
Medway	GapXtra
Medway	GapPremium
Medway	GapPremium Plus
Medway	GapCore Senior
Medway	GapXtra Senior
Medway	GapPremium Senior
Sanlam	Comprehensive Gap Cover
Sirago	Gap Cover
Sirago	Plus Gap Cover
Sirago	Ultimate Gap Cover
Stratum Benefits	Base
Stratum Benefits	Co-Evolution
Stratum Benefits	Elite
Stratum Benefits	G-Force
Stratum Benefits	Senior
TRA	Vital Cover Plus
TRA	Super Cover Plus
TRA	Absolute Cover Plus
Turnberry	Synergy
Turnberry	Premier
Turnberry	Optimal
Western	GapCover
Western	GapCover with CoPay
Zestlife	Universal



3.5.2 Co-payment benefits

Insurer's name	Option name
Absa	Gold
Admed	Medgap Primary
Admed	Medgap Supreme
Agility	Gap & CoPay Combined 200
Agility	Gap & CoPay Combined 350
Agility	Gap & CoPay Combined 500
Agility	Gap & CoPay Ultra
Ambledown	Gap Select
Ambledown	Gap Supreme
Ambledown	Gap Plus
Ambledown	Guardian
AUH Gap Range	Gap Select
AUH Gap Range	Gap Select Seniors
AUH Gap Range	Gap Select Seniors Excess
AUH Gap Range	Gap Select Excess
Care Range	Xtra Care
Care Range	Xtra Care Seniors
Care Range	Xtra Care Excess
Care Range	Xtra Care Excess Seniors
Health and Accident	Gap Plus Combination Co-Payment Cover Plan
Health and Accident	Gap Premier Combination Co-Payment Cover Plan
KaeloXelus	Fusion
Sanlam	Comprehensive Gap Cover
Sirago	Plus Gap Cover
Sirago	Ultimate Gap Cover
Stratum Benefits	Elite
TRA	Absolute Cover Plus
Western	GapCover with CoPay
ZestLife	Essential
Zestlife	Universal



3.5.3 Oncology benefits

Insurer's name	Option name
Absa	Silver
Absa	Gold
Admed	Medgap Supreme
Ambledown	Gap Elite
Ambledown	Gap Select
Ambledown	Gap Supreme
Ambledown	Guardian
AUH Gap Range	Gap
AUH Gap Range	Gap Select
AUH Gap Range	Gap Seniors
AUH Gap Range	Gap Select Seniors
AUH Gap Range	Gap Select Seniors Excess
AUH Gap Range	Gap Select Excess
Care Range	Care
Care Range	Xtra Care
Care Range	Care Seniors
Care Range	Xtra Care Seniors
Care Range	Xtra Care Excess
Care Range	Xtra Care Excess Seniors
Cura	GapCo Sub CA Plus Cover
KaeloXelus	Fusion
Linksave	Gap Comprehensive - Individual
Linksave	Gap Comprehensive - Family
Medway	GapCore
Medway	GapXtra
Medway	GapPremium
Medway	GapPremium Plus
Medway	GapCore Senior
Medway	GapXtra Senior
Medway	GapPremium Senior



3.5.3 Oncology benefits (continued)

Insurer's name	Option name
Sanlam	Comprehensive Gap Cover
Sirago	Plus Gap Cover
Sirago	Ultimate Gap Cover
Sirago	Plus Gap Cover
Sirago	Ultimate Gap Cover
Stratum Benefits	Elite
Stratum Benefits	Compact200
TRA	Basic Cover 200
TRA	Vital Cover Plus
TRA	Super Cover Plus
TRA	Absolute Cover Plus
Turnberry	Premier
Turnberry	Optimal
Zestlife	Universal

3.5.4 Sub-limit extender benefits

Insurer's name	Option name
Absa	Gold
Ambledown	Gap Elite
Ambledown	Gap Select
Ambledown	Gap Supreme
Ambledown	Guardian
KaeloXelus	Fusion
Sanlam	Comprehensive Gap Cover
Turnberry	Premier
Zestlife	Essential
Zestlife	Universal

3.6 Overall best core ratings performers

3.6 Overall best Core ratings performers

Based on our weighted ratings for all four of the Core benefits identified, being 60% for Gap cover levels, and 13.3% for either co-payment, oncology or sub-limit benefits, and foregoing the premium differences available for these products, as well as any other differences in product design and benefits offered, the following plans are the best performing plans:

3.6 Overall best core ratings performers, all providing 100% core benefits

Insurer's name	Option name
Absa	Gold
Ambletdown	Gap Select
Ambletdown	Gap Supreme
KaeloXelus	Fusion
Sanlam	Comprehensive Gap Cover
Zestlife	Universal

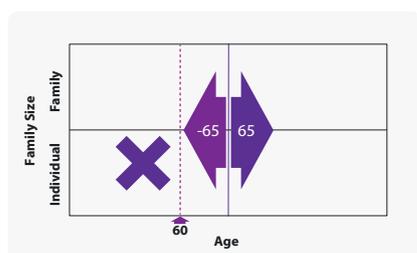
3.6.1 Best overall performers including premiums

From the indicators and our ratings, we have found that these four schemes have performed the best in all four of our Core rating areas. They all provide the maximum benefits based on the Core ratings categories which we imposed or identified.

To be able to further identify a best performer, we will need to identify the best premium provider for the different age groups and family sizes used in our analysis.

3.6.1.1 Best Core performers' premiums, under 65s, individuals

The best performer in this category is **Sanlam Comprehensive Gap Cover**, however, the premium is only available to members up to the age of 60. For members between the ages of 60 and 65, the **ABSA Gold** plan would be our preferred plan offering.



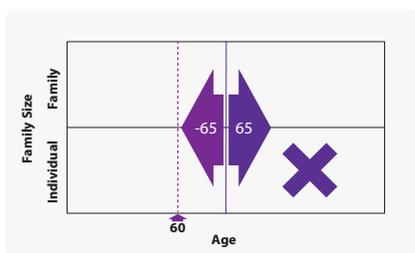
3.6.1.1 Best Core performers' premiums, under 65s, individuals

Insurer's name	Option name	Contribution - individual - 65
Absa	Gold	315
Ambletdown	Gap Select	390
Ambletdown	Gap Supreme	420
KaeloXelus	Fusion	350
Sanlam	Comprehensive Gap Cover	Under 60 R250, over 60 R600
Zestlife	Universal	Under 55 R327, over 55 R413



3.6.1.2 Best Core performers' premiums, over 65s, individuals

The best performer in this category is **ABSA's Gold** plan, with a premium of R435 per month.

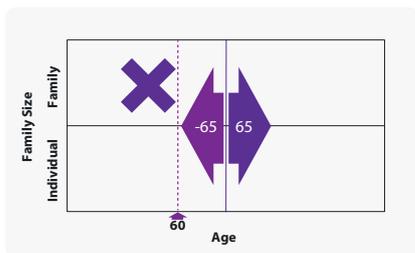


3.6.1.2 Best Core performers' premiums, over 65s, individuals

Insurer's name	Option name	Contribution - individual 65+
Absa	Gold	435
Ambledown	Gap Select	585
Ambledown	Gap Supreme	Not available to over 65s
KaeloXelus	Fusion	600
Sanlam	Comprehensive Gap Cover	600
Zestlife	Universal	470

3.6.1.3 Best Core performers' premiums, under 65s, family

For families in this category, we once again need to toggle between those who are under the age of 60, where **Sanlam's Comprehensive Gap Cover** provides top of the range benefits for R250 per family per month; whereas for those families between the ages of 60 and 65, **Absa's Gold** plan at R315 would be preferable.



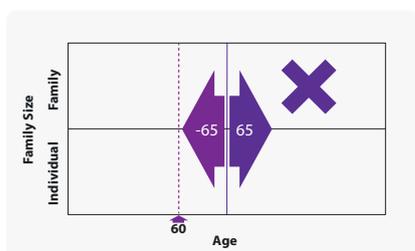
3.6.1.3 Best Core performers' premiums, under 65s, family

Insurer's name	Option name	Contribution - Family - under 65
Absa	Gold	315
Ambledown	Gap Select	390
Ambledown	Gap Supreme	420
KaeloXelus	Fusion	350
Sanlam	Comprehensive Gap Cover	Under 60 R250, over 60 R600
Zestlife	Universal	413



3.6.1.4 Best Core performers' premiums, over 65s, family

Absa's Gold plan is the best performer in this category with a premium of R435 per family per month.



3.6.1.4 Best Core performers' premiums, over 65s, family

Insurer's name	Option name	Contribution - Family 65+
Absa	Gold	435
Ambledown	Gap Select	585
Ambledown	Gap Supreme	Not available to over 65's
KaeloXelus	Fusion	600
Sanlam	Comprehensive Gap Cover	600
Zestlife	Universal	470

3.6.2 Best overall Core performer

Overall, given the above analysis, **Sanlam's Comprehensive Gap Cover** policy best suits individuals and families younger than 60, while **Absa's Gold** plan best suits everyone over 60 years of age.

The table reflects the name of the overall best performing Top-up/Gap plan:

3.6.1.5 Best overall Core performer

	Under 60	Over 60
Individuals	Sanlam Comprehensive Gap Cover	Absa Gold
Families	Sanlam Comprehensive Gap Cover	Absa Gold



4. Interesting statistics in benefit categories

4.1 Maximum entry ages

Following the introduction of the Demarcation Regulations on 1 January 2018, many schemes separated young and old. Some schemes introduced maximum entry ages which vary from 60 and 70 years old, with a few providers not yet having separated plans based upon age. It is anticipated that these will change over time as cross-subsidisation, community rating, and the maintenance of separate risk pools for the different aged members becomes the new standard.

4.2 Over age children

Most schemes allow children to remain on cover provided they remain on the main member or spouse's medical aid. Many schemes allow financially dependent or studying/student children to remain on cover until age 23-27.

4.3 Cover 'over and above' your medical aid rate

The following schemes provide cover of an additional 500% above your medical aid rate, thus providing the highest possible cover to members:

- Agility
- AUH
- Care
- KaeloXelus
- Medway
- Sanlam
- Stratum

4.4 Co-payment for the use of a non-network hospital

Many of the medical aids available offer a discounted premium rate if you are willing to make use of the network hospital designed specifically to limit premiums. Sometimes the doctor you are referred to or are able to see, is not available or does not have operating rights at the network hospitals available on your medical aid, leaving you to fit the bill for being seen at a hospital outside of the network.

Gap providers have identified that this is a shortfall which members experience and have accommodated the shortfall by offering this as a supplementary benefit on their products.

On the next page is a synopsis of this benefit provided under the different plans and the limitations imposed by them.

4.4 Co-payment for the use of a non-network hospital

Insurer's name	Option name	Benefit if use non network	Maximum per claim	Maximum number of claims per person per year on ancillary benefits not overall co-payment benefit	Maximum number of claims per policy per year on ancillary benefits not overall co-payment benefit
Agility	Gap & CoPay Combined 500	2000		2	
Agility	Gap & CoPay Ultra	8300		2	
AUH Gap Range	Gap Select	8000			1
AUH Gap Range	Gap Select Seniors	8000			1
AUH Gap Range	Gap Select Seniors Excess	8000			1
AUH Gap Range	Gap Select Excess	8000			1
Care Range	Xtra Care	8000			1
Care Range	Xtra Care Seniors	8000			1
Care Range	Xtra Care Excess	8000			1
Care Range	Xtra Care Excess Seniors	8000			1
Cura	GapCo Sub Cover	2500			50000
Cura	GapCo Sub CA Plus Cover	10000			100000
iWyze	Gap Cover	12 000			
KaeloXelus	Fusion	12 800			1
Linksave	Gap 500 Plus	5 000	25 000		1
Linksave	Gap Comprehensive - Individual	8 500	25 000		1
Linksave	Gap Comprehensive - Family	8 500	25 000		1
Sanlam	Comprehensive Gap Cover	12 800			1
Sirago	Plus Gap Cover	5 000	3 000		2
Sirago	Ultimate Gap Cover	8 800			2
Stratum Benefits	Elite	8 500			1
TRA	Absolute Cover Plus	12 000			2
Turnberry	Synergy	5 000			1
Turnberry	Premier	9 000			1
Western	GapCover with CoPay	12 000	12 000		1
Zestlife	Universal	8 600			1

One can assess from the above that Sanlam and KaeloXelus provide the highest 'single event' cover of R12 800 per event, but allow only one claim per annum; however, TRA provides R12 000 per event with a maximum of two claims per year, totaling R24 000 for this benefit per annum.

4.5 Out-patient specialist consultation fee

Some Top-up/Gap cover providers offer assistance when consulting a specialist. The proviso imposed by these plans is that your medical aid must **not** be a 'hospital only' plan and/or your savings must **not** be exhausted, thus your medical aid must pay for a portion of your treatment before this benefit can be used. The benefit ranges from R750 to R1000 per claim, with limits on the number of claims covered per year. Agility, Discovery and Sirago all offer this benefit option.

4.6 Out-patient cover

Out-patient cover provided by most schemes includes: chemo and radiotherapy, kidney dialysis, and MRI and CT scans.



4.7 Step-down/recovery facility

AUH and Care offer a lump sum benefit when a member has spent more than ten days in a step-down or recovery facility. The lump sums range between R5 000 and R7 500.

4.8 Biological drugs

Of the fifty-six plans which provide cover for cancer, thirty six offer benefits for biological drugs. Biological drugs are becoming increasingly common but remain unrealistically expensive.

The following providers offer a benefit for biological drugs:

- ABSA
- Ambledown
- AUH
- Care
- Discovery
- iWyze
- KaeloXelus
- Medway
- Sirago
- Stratum
- TRA
- Turnberry
- Zestlife

4.9 First time cancer diagnosis benefit

Twenty six plans offer a lump sum payout, ranging from R5 500 to R50 000 once diagnosed with cancer for the first time whilst insured on their scheme. ABSA and Ambledown are the most equitable providers in this category, both offering a payout of R50 000.

4.10 Diagnosis of pregnancy

Agility offers a payout of R2 000 upon confirmation of pregnancy.

4.11 Accidental death benefit

Twenty six providers offer a lump sum payout upon accidental death. The lump sum ranges between R3 000 and R50 000. Zestlife provides a R50 000 payout upon death of the main member, spouse and/or dependants. This is a very equitable benefit.

4.12 Permanent disability benefits

Twenty three providers offer a lump sum payout upon diagnosis of permanent disability of the main member, spouse and/or dependants. The benefit payouts range from R5 000 to R50 000, with Zestlife paying R50 000.

4.13 Dental benefits - accidental

Forty nine providers offer cover for in-hospital dentistry which takes place following an accident. The range of benefits is between R3 000 and R150 000.

4.14 Impacted wisdom teeth

Forty five providers will cover the additional costs incurred when experiencing the removal of impacted wisdom teeth, provided the procedure is performed in hospital.



4.15 Dental implants

Nine plans offer the option of a benefit for dental implants. The nine plans are all available through two providers, being Agility and Medway. The restrictions for this benefit are severe with Agility's limit being R1 000 per annum and Medway confirming cover only if your medical scheme provides a specific sub-limit for implants.

4.16 Emergency casualty ward

Fifty six plans provide assistance to members who are seen in the casualty/emergency ward. Benefits range between R1 000 and R15 000, with LinkSave and TRA providing the highest cover at R15 000 per annum.

4.17 Trauma counselling

Twenty plans identified that there is a shortfall in benefits provided by medical aids for trauma counselling and offer additional funding through Top-up/Gap cover plans. Benefits range from R2 000 to R25 000 per policy, with Admed and Zestlife providing the highest levels of cover at R25 000.

4.18 Road Accident Fund legal assistance

This additional service is provided by both the Sanlam and KaeloXelus plans.

4.19 Gap policy 'Waiver of premium'

Upon the death of the main member thirty nine plans will waive the premium due each month. In some cases this only amounts to a R1 000 (lump sum), whilst in others it covers the full premium to a maximum of fourteen months (Health and Accident).

4.20 Medical aid premium waiver

Thirty six Top-up/Gap plans will cover your medical aid premiums ranging from R1 000 to the full premium, up to a maximum of twelve months. Cura and Health and Accident provide full premium cover for the twelve-month period following the death of the main member.

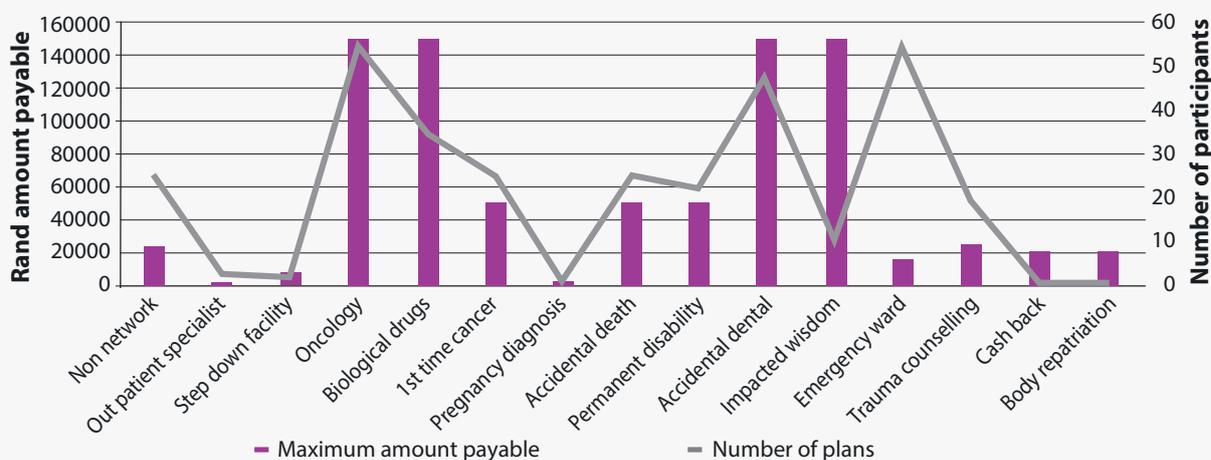
4.21 Hospital cash back benefit

Sanlam provides a hospital cash back benefit of up to R20 000, payable dependent upon the number of days hospitalised.

4.22 Body repatriation

Health and Accident provides a body repatriation benefit to a maximum of R20 000 for transportation of a body following accidental death.

Graphic display of supplementary benefits



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Glossary

Glossary

Core rating

- The Core rating is a rating method designed by GTC in an attempt to identify better performing plans; group similar plans, and create an easy to understand standard by which consultants and employers may measure plans.
- GTC has identified four common rating areas being, Gap Cover, Co-Payment, Oncology and Sub-Limit benefits, which have been used in our survey as the basic Core benefits against which plans are measured.
- Our best performing plans are an indication of the plans which scored highest in these areas, discounting all other supplementary benefits which may be provided by these or other plans.
- No allowance has been made for exclusions in our Core rating.

Providers

- These are the participants which we have included in our survey. Each scheme which offers a plan to the public for consideration, which we were able to trace, has been included in our survey. We acknowledge that this list may not be complete and welcome anyone to contact us for inclusion in future iterations of this survey.

Supplementary benefits

- These benefits are non-core elements which providers make available to the public and are included in their plans. Supplementary benefits could include such elements as casualty ward cover, first time cancer diagnosis benefits, accidental death benefits etc.

Plans

- This is a group term used to identify the different policies made available by each company. Each company may have one or more different plans with many varying benefits available for consideration. We have included as many plans as possible in our survey.

Gap Cover/Sectors

- Gap cover refers to the in-hospital benefits available on plans. The difference in the amount which the doctor/specialist charges, and the amount which your medical aid covers.
- Gap cover benefits are provided at varying levels from 200% to 700%. These levels may vary over time.
- We have grouped and rated benefits within these sectors.

Co-payment benefits

- Co-payments refer to an amount which your medical aid may ask a member to pay up front before an event or procedure may take place. It is a partial payment which the member of a medical aid must make, to gain access to the medical aid's benefits. Medical aids institute this co-payment in order to limit the frequency of these events and manage the risk for the medical aid. Top-up/Gap cover policy providers have identified these shortfalls and offer plans which cover this cost for members.



Oncology

- This refers to a benefit to cover cancer costs. This may either be in the form of an additional amount payable once your medical aid benefits have been exhausted, or it may relate to the 20% co-payment implemented by many schemes, once your initial oncology benefit has been exhausted and you reach the 80% unlimited cover benefit provided by many medical aids.

Sub-limit extender benefits

- Many medical aids limit their risk and liability by implementing sub-limits on the amounts which they fund for certain benefits. It is usual for such items as internal prosthesis for example to have a maximum amount which your medical aid will cover. Top-up/Gap providers have identified that many members are out of pocket when they reach these sub-limits and have therefore offered this additional benefit as an option for consideration.

200% / 350% / 500% sectors

- Medical aids generally provide cover as a percentage of the previously recognised National Health Reference price list. This list no longer exists, however, medical aids have adopted and updated this list to form the basis of their Medical Aid rates.
- The rates of cover provided by medical aids relate to a multiple of cover provided under their medical aid rate. Most plans cover 1 X the medical aid rate, or 100%.
- Specialists and doctors in private practice, however, do not limit their costs to the 100% medical aid rate, and retain the freedom to charge fees based upon our democratically accepted economic pricing system of supply and demand. Whilst we continue to have fewer doctors available than the number of patients who require their services, doctors may and will continue to increase their fees.
- Top-up/Gap cover providers have identified that members require cover at a multiple of their medical aid tariff to fund the difference which they experience for in-hospital charges, and make this benefit available to members for consideration.
- Top-up/Gap cover providers have introduced plans which offer a variety of levels of cover from 200% to 700%. It is prudent to ensure that you are aware of the level of cover provided by your Top-up/Gap cover provider.

Hospital cash back benefits

- This benefit becomes payable once you are hospitalised, and provides a benefit based upon the number of days for which you are in hospital. The benefit is usually an increasing benefit based upon the ever increasing number of days in hospital.

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Whilst the survey compares Top-up/Gap cover plans with one another, it is not a complete Risk Analysis.

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The 2018 product information has been supplied by and is available from each product supplier on their website. A copy of this survey has been forwarded to each for their records.

The purpose of the survey is to highlight the similarities and differences in healthcare benefits and service provider plans, and their design. These plans have been grouped together (as closely as possible) to enable a better comparison of their biggest cost elements.

Source data

Our source data was obtained from the Comparemed online comparison platform. Additional schemes were added to this basic data, which was further adapted and analysed to draw conclusions reflected in our survey. Our sincere thanks to Comparemed for the provision of this data.

E&OE

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