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Medical scheme benefits: All you need to know

Information on the membership options per the CSIR's preferred medical scheme arrangement

The CSIR realises the importance of health initiatives and medical scheme advice to its employees. Thus, the CSIR appointed a medical broker to assist all CSIR employees with the managing of the medical scheme benefits to optimise the membership value.

CSIR payroll deductions will be made for preferred medical schemes and gap cover insurance.

1. Medical broker

A medical broker is responsible for providing healthcare advice on the CSIR's preferred medical schemes and gap cover arrangements, as well as to inform employees on legislative changes that affect them and the organisation.

There is no additional cost incurred for the services of a medical broker as the standard advisory fee is already included in the medical scheme contribution and gap cover premium.

The medical broker will assist the employee with completing their application form/s and will liaise with the medical scheme and gap cover insurer to process application form/s. Once the application is processed, the membership certificate/s of the chosen medical scheme and gap cover will be sent to the member.

The CSIR has appointed Moso Consulting as the medical broker.

To arrange for a one-on-one session or to request information, please contact Moso Consulting at csir@moso.co.za.

2. Preferred medical schemes

Membership to a medical scheme is noted as compulsory in your employment contract. If an employee is covered by an approved medical scheme in their private capacity and does not wish to change to one of the CSIR's preferred medical schemes, they are required to provide proof of membership to a medical scheme on an annual basis.

A member belonging to one of the preferred medical schemes will receive the monthly medical tax credit if the monthly premium is deducted via the payroll. Medical scheme contributions are billed a month in arrears.

The CSIR has three preferred medical scheme providers for employees to choose from:

- BestMed,
- Discovery Health, and
- FedHealth Savvy.

3. Gap cover

Gap cover is an insurance product that is designed to cover the shortfalls in your medical scheme's claims payouts.

As a CSIR employee, you benefit from a special rate which was specifically negotiated for CSIR employees on condition that the premium is deducted via payroll.

An employee may join in the capacity of a CSIR employee even if they are a dependant on their spouse's or life partner's medical scheme.

The gap cover covers all dependant/s currently on the medical scheme membership profile. Spouse or child dependants on other medical scheme will also have access to the Gap Cover benefits.

The CSIR appointed NetCare Plus as the preferred gap cover insurer, the activation of your policy and the claiming process is facilitated via the medical broker.

4. New employee

4.1 Waiting periods, exclusions and late joiner penalties

4.1.1 Preferred medical schemes

There will **not** be any waiting periods, exclusions and late joiner penalties, provided that the new employee joins one of the preferred medical schemes within the first three months of commencing employment with the CSIR and that the monthly medical premium is deducted from the payroll.

4.1.2 Gap cover

A new employee is required to join the gap cover within 90 business days of joining the CSIR to be accepted free of underwriting. This will also apply to all members on your membership including spouses or child dependants on other medical scheme memberships.. Joining outside of these 90 days will allow the Gap Cover insurer to impose underwriting onto your membership whereby waiting periods can be imposed onto your policy.

4.2 Already a principal member of one of the preferred medical schemes?

A new employee, who at the time of appointment is a member of either of the preferred medical schemes, can change their medical option based on the fact that their employer has changed and provided that the monthly medical scheme contribution is deducted from the payroll. This change needs to be processed within 90 days from their date of employment with the CSIR.

4.3 Principal member of another approved medical scheme

If a new employee is enjoying membership of another approved medical scheme, there is an opportunity to change the medical membership to either of the preferred medical schemes, without waiting periods, exclusions and/or a late joiner penalty based on the fact that the employer has changed and provided that the monthly medical scheme contribution is deducted from the payroll. This change needs to be processed within 90 days from their date of employment with the CSIR.

4.4 Member of spouse/life partner's medical scheme

A new employee who is a principal member of another approved medical scheme, or a member of their spouse/life partner's medical aid, must submit proof of membership to the medical broker on appointment and on an annual basis.

4.5 Onboarding session

All newly appointed employees will be invited to attend the monthly online onboarding session. The medical broker is allocated a slot to present the preferred medical schemes and gap cover benefits.

An employee is encouraged to schedule a one-on-one session with the medical broker to assist in making an informed decision on what medical scheme and plan to choose, based on an employee's individual needs.

4.6 Medical scheme broker assistance

Contact Moso Consulting at csir@moso.co.za for membership assistance.

5. Current employees

5.1 Waiting periods, exclusions and late joiner penalties

A current employee who wishes to join either of the preferred medical schemes and/or gap cover may be subjected to a waiting period, exclusions and/or late joiner penalty.

5.2 Current principal member of preferred medical scheme

An existing CSIR employee may transfer between either of the preferred medical schemes; however, a waiting period, exclusions and/or late joiner penalty may apply.

5.3 Principal member of another approved medical scheme

An existing CSIR employee who is enjoying membership of another approved medical scheme, may join either of the preferred medical schemes; however, a waiting period, exclusions and/or late joiner penalty may apply.

5.4 Medical scheme broker assistance

Contact Moso Consulting at csir@moso.co.za for membership assistance.

6. Termination of service (resignation, retrenchment)

6.1 Medical scheme

An employee resigning should consider the impact on their medical scheme, gap cover and/or vitality memberships.

Many employees do not consider the impact on their medical scheme cover by changing jobs, but this is an important consideration from the moment they hand in their notice of termination of service. Without proper planning, they may find that they do not have any medical scheme cover for a month or two during the transition period and this can significantly impact their personal budget, should medical costs arise.

Furthermore, even a short period without cover may mean that the new scheme may impose waiting periods onto your membership that can affect your cover for up to 12 months.

The situation sometimes arises where an employee finds themselves without any medical scheme cover. Once you serve your notice of termination of service, steps are already underway by the CSIR to cancel the premium deductions for your medical scheme. You are usually notified in this regard by the medical scheme and may then have to bear the entire cost of the monthly contributions until your new employer starts contributing accordingly. You may remain a member of the medical scheme; however, you are required to either transfer the membership to your private capacity or ask your new employer to transfer your membership onto their employer group, should they be on the same medical scheme that you were on while at the CSIR.

If you are under the impression that your new medical scheme will take effect immediately, you may be surprised to find that your new employer is still processing your details even once you have quit your previous medical scheme membership. It is best to communicate with your new employer or HR department and the medical scheme and establish where you stand regarding cover during this transition period. If necessary, you may consider taking out private cover for the interim. Failure to switch to a new medical scheme, should the new employer not continue with contributions to the current medical scheme, may mean that you have no cover for a few months. Upon joining the new medical scheme you may find that the scheme then imposes waiting periods or exclusion criteria that can affect you adversely. These waiting periods and exclusion criteria usually fall away if you switch membership – if this is carefully coordinated between the old and new medical scheme without any break in the period of cover.

Medical scheme contributions made via CSIR payroll are billed in arrears. Contributions are paid over by the CSIR after making the deductions from the employee's salary. If any employee transfers their membership to a private capacity, the monthly contribution will continue to be billed in arrears from the member's bank account.

6.2 Gap cover

An employee who leaves the employment of the CSIR and would like to keep their gap cover membership may do so; however, they will be billed at the medical broker's retail rate for the gap cover which would still be at a reduced price when compared to the market price.

Gap cover contributions will be billed in advance when going onto private membership and can result in a double deduction for the membership for the first month.

6.3 Medical scheme broker assistance and future relationship

Contact Moso Consulting at csir@moso.co.za well in advance of the withdrawal date to finalise the monthly debit order arrangement of the medical scheme, gap cover and/or Vitality memberships with your bank.

The medical scheme member may continue with the relationship with the CSIR's appointed medical broker in their private capacity.

7. Retirement

7.1 Medical scheme

An employee going on retirement should consider the impact on their medical scheme, gap cover and/or Vitality membership when planning for retirement.

Without proper planning, a member may find that they do not have any medical scheme cover for a month or two during the transition period and this can significantly impact their personal budget and the continuation of their medical scheme membership. Furthermore, even a short period without medical scheme cover may mean that certain waiting period and exclusion criteria can affect you for a few months or even the first year of cover.

CSIR medical scheme contributions are billed in arrears. If any employee transfers their membership to their private capacity, the monthly contribution will continue to be billed in arrears.

7.2 Gap cover

A retiring employee who has gap cover membership will be allowed to keep their preferential rate should they retire at age 65 and opt to keep their gap cover membership. The member will continue to pay the same contribution as the active group CSIR rate.

An employee taking early retirement will need to transfer the membership to their own capacity.

Gap cover premiums will be billed in advance when going onto private membership and can result in a double deduction for the membership for the first month.

7.3 Medical scheme broker assistance and future relationship

Contact Moso Consulting at csir@moso.co.za at least a month prior to retirement date to finalise the monthly debit order arrangement of the medical scheme, gap cover and/or Vitality memberships with your bank.

A retired medical scheme member may continue with the relationship with the CSIR's appointed medical broker in their private capacity.

8. No-Fault Dismissal due to illness or injury

8.1 Medical scheme

An employee whose service is terminated due to an illness or injury may continue with the preferred medical scheme.

CSIR medical scheme contributions are billed in arrears. If any employee transfers their membership to their private capacity, the monthly contribution will continue to be billed in arrears from the member's bank account.

8.2 Gap cover

The employee who has gap cover membership will be allowed to keep their preferential rate should their service be terminated due to a dismissal due to illness or injury. The member will continue to pay the same contribution as the active group CSIR.

Gap cover premiums will be billed in advance when going onto private membership and can result in a double deduction for the membership for the first month.

8.3 Medical scheme broker assistance and future relationship

Contact Moso Consulting at csir@moso.co.za to finalise the monthly debit order arrangement of the medical scheme, gap cover and/or Vitality memberships with your bank.

A medical scheme member may continue with the relationship with the CSIR's appointed medical broker in their private capacity.

9. Death of principal member

9.1 Medical scheme

If the principal member dies, the surviving spouse or common-law spouse or life partner can become the principal member. They will need to transfer the membership to their own capacity.

9.2 Gap cover

If the principal member dies, the surviving spouse or common-law spouse or life partner can become the principal member. They will need to transfer the membership to their own capacity.

9.3 Medical scheme broker assistance and future relationship

Contact Moso Consulting at csir@moso.co.za to finalise the monthly debit order arrangement of the medical scheme, gap cover and/or Vitality memberships with your bank.

A medical scheme member may continue with the relationship with the CSIR's appointed medical broker in their private capacity.

10. Life event changes regarding dependants

10.1 Marriage

A member has 30 days from the legal date of marriage to add on their spouse without any underwriting, exclusions or late joiner penalty.

10.2 Common-law spouse or life partner

A common-law spouse or a life partner may be registered on your medical scheme and will be underwritten.

10.3 Divorce

An ex-spouse can be kept as a beneficiary on your medical scheme – this is often determined per a divorce agreement.

10.4 Birth

Newborn babies should be added on the medical scheme within 30 days of birth.

10.5 Adoption

Adopted newborn

If the adoption is still in progress, the scheme affidavits need to be completed by the main member and the social worker within three months of the baby's birth, then the medical scheme will add the baby from their date of birth without underwriting.

If the adoption is final and the member submits legal proof, the medical scheme can add the baby without underwriting from the date of birth. This only applies if the scheme receives the application within three months of the baby's birth.

Adopted child

If an application for an adopted child under the age of 18 to join the scheme is received within three months

of the date of legal adoption, the medical scheme will add the child to the adoptive parents' membership without underwriting. Proof of legal adoption must be supplied.

If an application for an adopted child under the age of 18 to join the scheme is received after three months from the date of legal adoption, the medical scheme will add the child to the adoptive parents' membership and apply full underwriting. Proof of legal adoption must be supplied.

If the adoption of a child under the age of 18 is still in progress, the main member and social worker must complete the scheme affidavits. A letter from the social worker or courts must be supplied confirming that the adoption is still in progress. No underwriting is applied if the member submits the application to the scheme within three months of the child being placed in the adoptive parents' care. A letter from the social worker or courts confirming the date that the child was placed in the adoptive parents' care is needed. The member must add the child to the membership from the first of the month that they were placed in the care of the adoptive parents. If the request to add the adopted child is received after three months from the adoption or from the child being placed in the care of the adoptive parents, full underwriting will apply. Proof of legal adoption is needed.

If an application is received for an adopted child over the age of 18 to join the scheme, the medical schemes will add the child to the adoptive parents' membership with full underwriting. You must send proof of legal adoption while the child was under the age of 18.

10.6 | Child dependant reaching age of 21

On Discovery Health, a child dependant is charged at a lower contribution rate than an adult dependant on most plans. A child over the age of 21 will, however, be billed as an adult dependant. Children, who are students and are over the age of 21, will be charged adult dependant rates. On Discovery Health, a child dependant with physical or mental impairment, who is financially dependent on the main member, can be kept as a dependant on your scheme after the age of 21.

On BestMed, a child dependant under the age of 24 and a student at an approved tertiary institution up to the age of 26, are regarded as child dependant and will be charged a child dependant rate.

A child who is 24 years or older, in respect of whom the member is liable for family care and support, or because of a mental/physical handicap, or for any similar reason, is dependent on the member and an adult dependant's contribution shall be payable. On Fedhealth Savvy, a child dependant under the age of 24 are regarded as child dependant and will be charged a child dependant rate.

A child who is 24 years or older, in respect of whom the member is liable for family care and support, or because of a mental/physical handicap, or for any similar reason, is dependent on the member and an adult dependant's contribution shall be payable.

10.7 Death

The principal member should notify the medical broker of the death of a dependant to arrange for the monthly contribution to be adjusted.

11. Dependant definitions and status per membership

The following individuals qualify as dependants:

11.1 Child dependant/s

This includes biological, adopted and stepchildren up to the age of 21 while they are still dependant on the principal member.

On Discovery Health, a child dependant with physical or mental impairment, who is financially dependent on you, can be kept as a dependant on your scheme after the age of 21.

A child over the age of 21 will, however, be billed as an adult dependant. They do not charge child dependant rates for children over the age of 21 who are full-time/part-time students or even if they are

financially dependent on the principal member.

On BestMed, a child dependant under the age of 24 and a registered student at an approved tertiary institution up to the age of 26, is regarded as a child dependant and will be charged a child dependant rate.

On Fedhealth, a child dependant under the age of 24 is regarded as a child dependant and will be charged a child dependant rate.

11.2 Grandchildren

Grandchildren can only be added if they have been legally adopted by the principal member and/or spouse and if they are the grandparents, or if a court has granted guardianship to them as the grandparents. If a principal member who is single, dies, the eldest child will become the principal member of the membership; however, they will not be able to be billed in their private capacity.

11.3 Parent/s (of the main member)

A parent, parents-in-law, grandparents, or stepparents may be registered as an adult dependant on the medical scheme if there is proof that they are financially dependent on the principal member. Should there be insufficient proof provided, or should they be financially self-sufficient, they may not be registered as dependants on the medical scheme membership. They will be required to join their own medical scheme in their personal capacity and full underwriting will be applicable.

12. Not a member of an approved medical scheme or a dependant on someone else's medical scheme?

If you are not currently on a medical scheme, or if you are a dependant on someone else's medical scheme, and you are considering whether to join one of the preferred medical schemes, please contact Moso Consulting at csir@moso.co.za to schedule a one-on-one session to discuss a medical scheme plan option that suits your individual needs.

13. Membership certificates

Membership certificates will be distributed by the medical scheme and gap cover provider.

Contact Moso Consulting at csir@moso.co.za to query a membership certificate not received within four weeks of application.

14. Forms

All forms will be available from Moso Consulting at csir@moso.co.za. Moso Consulting will guide the employee on the appropriate forms to complete and documents to submit.

15. Webinars

The medical broker presents quarterly webinars on medical scheme benefits. An invitation to a webinar is circulated via CSIR Communication to all active CSIR employees.

16. Year-end revision

Medical schemes increase their contributions annually, generally towards the end of the year. The medical broker will be sending out communication to all members advising them of the change in contributions and benefits. They will also conduct annual roadshows.

17. Vitality

Vitality is a behaviour-change platform that guides and incentivises people towards better health, driving and financial behaviour by combining insights from behavioural economics with clinical science. It is a rewards-based programme that is only offered on Discovery Health, either through the Health or Life

products.

Earn Vitality points by getting active, eating well and doing all your health checks to maximise your Vitality rewards. You'll enjoy a variety of rewards at each status level and the healthier you get, the higher your Vitality status.

Joining Vitality Health is easy. If you're an existing Discovery Health or Discovery Life client contact Moso Consulting at csir@moso.co.za for the benefits and cost. The Vitality contribution may be deducted from the CSIR payroll.

18. Additional services

Moso Consulting is registered with a number of open medical schemes in the country and can assist employees with advice on these schemes and their options. Please feel free to contact Moso Consulting for more information.

These brokers are further equipped to assist medical scheme members in the following areas:

- Medical scheme queries;
- Escalated medical claims and chronic queries;
- Plan option advice;
- Explanation of your current medical scheme plan option and the benefits for you and your family;
- Option changes and communication of annual benefit and contribution changes;
- Interpretation and application of medical scheme legislation; and
- Any other information you may require regarding your medical scheme.