

THE GAP



Volume 1, Spring edition



INSIDER

ALAN FRITZ ON THE FUTURE OF
MEDICAL HEALTH
AND WHY GAP COVER
WILL BECOME ESSENTIAL

Are Doctors
charging unfairly?

HAVE
YOUR SAY!

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Male Breast Cancer - Don't mistake the signs | Testicular Cancer - Highly treatable if caught early | Enter our new Competition to win your choice of a Garmin or Fitbit



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From the editor

Welcome to our Spring Edition of The Gap Insider! As we usher in the season of re-birth and new beginnings, we pay homage to a man whose reputation in the medical health space, precedes him. Alan Fritz is well known to most of you, having held multiple key positions in the medical scheme field over the years - an impressive career - that culminated in his latest appointment, as Chief Commercial Officer for TRA.

In an exclusive interview, Fritz explains what prompted him to join TRA and how he plans to position the company as the best medical gap provider, in a market that is experiencing rapid change.

Plagued by outrageously high medical bills, you had not bargained for? Our feature story explores this hot-button issue by way of an Opinion Piece. The story presents both sides of the matter, whilst also providing some insight into doctors' salaries, costs, and what is driving them.

Best of all, our interactive poll, invites you to have your say on whether you believe doctors and medical

specialists might be exploiting the consumer by overcharging for their services. So, let us know where you stand on this question. We value your opinion. The results of this poll will be published in our Summer edition of The Gap Insider.

The Mangwanani Day Spa Competition was so well received, that it had to be extended. Congratulations to the winner, (details inside). Look out for the special Mangwanani offer available to our readers on page 15.

And that's not all! We have more exciting goodies to give away to our readers! All you need to do is to enter our Competition on page 16 to stand the chance to win your choice of a Garmin Venu SQ2 or a Fitbit Versa 4!

Good luck to all!

Liana



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ALAN FRITZ ON THE FUTURE OF MEDICAL HEALTH AND WHY GAP COVER WILL BECOME ESSENTIAL

By Liana Shaw

With a career spanning 44 years, Alan Fritz is no stranger to the medical health space in South Africa. After spending more than 25 years in the Auto sector, where he held executive positions in Human Resources, Marketing, Logistics and more, he moved over to the medical health industry, occupying a range of key positions during his illustrious career - first with Bestmed and later with Liberty, Medshield and a couple of other medical schemes.

Having now been appointed Chief Commercial Officer for Total Risk Administrators (TRA), he brings with him a wealth of knowledge and experience, all of which he plans to put to good use in this new challenge - to position TRA as the leading gap cover provider in the country. Google his name, and you will find another set of prestigious credentials come up, as President of Swimming South Africa, a position he has occupied since 2016.

We caught up with him to find out more about the man who manages his many corporate responsibilities alongside his passion for the sport of swimming.

Thank you for making the time to share your views and opinions on the medical health industry with our readers. But first, tell us what led to your current appointment. What influenced your decision to join TRA?

TRA has established itself as a reputable insurance provider over the years, providing its members with a great product, together with prompt and efficient after-sales service, both of which are key to achieving success in this business.

More important perhaps, my decision to join was largely based on my personal, close relationship with the TRA management team, which spans many years. They enjoy a fine reputation in the marketplace, built on integrity, attention to detail, and going the extra mile for their members. In short, 'they are my kind of people'.

In order for TRA to evolve to the next level, my primary role will be to expand and enhance our distribution channels, so that when major shifts begin taking place within the health sector in South Africa, TRA will have re-engineered the company to align with a new regulatory environment, with a government-driven National Health System, as well as changes in the Medical Scheme Act. In short, TRA will be suitably prepared to serve multiple distribution channels, including taking on an online commerce platform with confidence and ease, optimising customer touch points.

As a recognised figure in the medical aid and health insurance industry in South Africa, could you share your general views about the current state of the industry?

The private healthcare funder landscape shows very poor growth, and the overall risk pool is ageing, with claims ratios very high and directly related to our country's burden of disease. Many will argue that the industry is not sustainable, hence the high premiums charged by medical schemes, with healthcare inflation running at least 3 percent above headline inflation.

The MSA framework is designed for Social Health, meaning that everyone who is contributing, will be able to access benefits and medical schemes would be protected against adverse claims through a risk equalisation fund. In practice, this has not happened and medical schemes with smaller risk pools with ageing members, are at risk of being forced to

amalgamate with bigger funds. This has brought about a shift in the marketplace, by way of rapid consolidation, with only 17 open medical schemes existing from the fifty plus 10 years ago.

Even the closed medical scheme environment is reducing at a rapid rate, with more and more employer funds seeking amalgamation. This is largely driven by two factors, namely, an over-regulated environment requiring resources to manage medical schemes, thereby placing a burden on companies to utilise internal resources as trustees and principal officers with major responsibilities, and secondly, smaller risk pools not being viable, due to the high cost of care.

What are some of these major shifts you foresee happening?

The consolidation trend in medical schemes is unstoppable and largely unavoidable, as the legislative framework is not regulating what I believe to be the major cause of higher health costs - prescribed minimum benefits, being one example.

I predict, that in the end, we will be left with five major players with larger risk pool negotiating tariffs, with provider benefits being the paying member. These schemes - closely aligned with an insurance company - will all strive to build their own mega schemes, to protect the scheme risk pool, and to be able to provide a complete suite of products and services, in the interest of creating a one-stop shop for the consumer. In my view, certain schemes have already booked their place, alongside some other well-known schemes, so the current landscape is set to change.

What is this likely to mean for gap cover providers?

I believe the opportunity for gap cover providers to integrate their systems and services with these medical schemes is the next critical move, especially as most schemes do not currently have a gap cover product in their product portfolio.

Bear in mind, that gap cover providers would not exist without medical schemes. The two work in tandem. Tracking and designing products that underpin growth in the medical schemes space, is essential, and yet, currently, there is not sufficient co-operation between medical schemes and gap cover providers.

That being said, TRA is very strong in integrating member servicing and will be engaging with schemes in this regard.

We need to work actively on creating partnerships with medical schemes in order to be able to provide the consumer with a seamless, streamlined product and service, and do away with any unnecessary

“The opportunities for gap cover providers to integrate their systems and services with the medical schemes is the next critical move.”



paperwork and administration that burdens the consumer.

Medical schemes are well aware that the only way to secure and retain their members, is by being able to provide them with the type of experience that will circulate in positive conversation around the next 'braai' with friends and family.

The higher the level of satisfaction in insurance, the more positive the feedback, among consumers.

Medical schemes are equally aware that in order to achieve this, they need to create partnerships with other health insurers, who can adequately supplement existing gaps in their product portfolio benefit design.

What is your strategy for TRA with respect to adequately preparing the company for the next chapter?

To follow from your last question, the first step is to establish relationships with the medical schemes, to enable them to automate claims payments, eliminate the customer calling contact centers and paperwork, and provide the customer with a higher level of service.

Next, comes integrating our multiple distribution network, via automation of the entire process, which automatically leads to step number three – taking customer fulfilment to the next level in terms of after-market service. This will require exploring every customer touch-point, from source to finish, again, keeping in mind that the contact point for the customer, will always be the medical health scheme, as members perceive gap cover as a healthcare benefit.

The fourth step is all about integrating an omni-channel that brings everything together, so that all parties are kept in the loop simultaneously.

The fifth and final step, is re-marketing the business and its product offering. I am a firm believer in sales – sell the product first but high levels of customer satisfaction do not only retain clients, they also create value.

That sounds like a lot of work.

Indeed. We are talking about a five-year plan, in order to build, what we call, a 'complete world' for TRA.

What is your immediate area of focus within TRA?

We are starting with a dedicated intermediary drive, aimed at creating a relationship of trust between TRA and our distribution channels. Beginning with the smaller brokers, we want to show them how partnering with us would be in their best interests, in that we would be able to supply them with pricing on application, business focus the underwriting if required and digital integration with automated quoting tools and so on.

The reason we are focusing on the smaller brokers first, is to allow our sales strategy to gain momentum through energising all intermediaries, while we build the grand picture, and our IT team focuses on the digitisation requirements, to take us to the next level.

Solidifying the broker channel, is an essential part of our overall distribution strategy.

Speaking of digitisation, does this pose a possible threat to the broker channel?

Digitisation and aggregator channels are the way the world is moving. We cannot escape it. The brokers will also need to evolve alongside this reality, so as to be able to provide a fully-digital service to their customers.

Brokers will form part of a lead distribution ecosystem, enhancing the capacity of doing business.

An aggregator cannot possibly give advice, which is why we will always need the human element to function in tandem.

Of course, digitisation requires major outlay, especially for gap cover providers who operate in a fluctuating environment, with regulations constantly changing. So, we are aware that it may take some time to implement this fully.

Are most gap cover providers focusing on digitising their services?

To a greater or lesser extent, for the reasons mentioned above.

Also, bear in mind, that adopting a particular digitisation strategy is not sufficient in itself. You need to know how to implement it and switch on the ecosystem.

But if you don't take the challenges the new age world is presenting head on, you stand the risk of being left behind!

Reader's Digest, – once a highly successful publication – met its demise by being unable to digitise. Nokia is another example. At the onset of mobile technology, Nokia had clinched up to 98% of the South African market. Sadly, the decision the company took to not embrace the concept of the 'smart' phone, left the market wide open for its digitised counterparts to take over.

What are some of the other strategies you plan to employ to enhance TRA's gap cover insurance offerings, making them more accessible and valuable to your policyholders?

As per the five-step model I mentioned earlier, once the broker channel has been solidified, we are looking at setting up Affinity agreements with the corporate sector. This would include financial institutions, insurance companies, medical facilities, retailers and the like, as yet another channel for TRA to promote its services. Relying on someone else's channel for exposure is smart and does not require massive capital outlay.

As the business grows, we are also considering establishing a dedicated direct channel.

What would you describe as TRA's biggest strengths?

First and foremost, as mentioned earlier, the people. TRA is led by a young, passionate management team that operates on the principles of integrity, honesty, transparency and ability to adapt to the market swiftly and efficiently.

Their product mix is superior and their execution time on claims is unparalleled, paying out three times a week to their members. This is literally unheard of in this industry!

The National Health Insurance (NHI) has sparked much debate in South Africa's healthcare sector. Please share your thoughts on this and how it is likely to impact the gap cover sector. Could you talk about its significance and role within the larger landscape?

First, let me answer the first part of your question by saying that we desperately need a system for universal healthcare coverage - be it the NHI or other forms - to be implemented. We simply cannot exclude the majority of our citizens from accessing quality healthcare.

Depriving the majority of our population of healthcare, education or water and sanitation, is not only unethical, it is likely to lead to a revolution.

That said, although the policy on NHI has been drafted, the regulations surrounding it have not been completed. My belief is that the government simply does not possess the know-how to successfully execute the plan, at this point in time.

Also bear in mind, that around only five percent of the population pays 80% of the tax. How government will fund this National Health Insurance Scheme remains a contentious topic for debate.

To make matters worse, public health is not only insufficient to service the country, but poor management and corruption is destroying the public sector except for a few world-class centers of excellence within some public hospitals. In short, health infrastructure is falling apart.

We need the private health sector to engage with government to come up with a workable plan to help the NHI get on its feet, based on their resources and expertise.

What we can surmise, is that once and when it is finally implemented, it will likely include a set of basic, primary benefits for the total population to access, but is unlikely to provide access to secondary and tertiary benefits. This is where gap cover will become even more important - a necessary investment, to cover secondary benefits and unexpected health or emergency issues.

In short, the NHI will open a whole new world for gap cover, and we must position ourselves to be ready for this.

Could you share some lessons from your sports career that have influenced your leadership style in the insurance industry?

Sport has two fundamentals that contributed to my career as a corporate executive. Namely, Elite sport is about high performance, meaning you have to be goal-directed and committed to your training plan. Corporations are no different in that your executive team has to lead the organisation to a point of optimal performance in line with the organisation's strategic priorities. I am big on focused driven goals and innovation to achieve higher performance levels.

Secondly, a coach and athlete are synonymous. The one cannot exist without the other as the coach brings experience, skills set and competence to the athlete who has raw talent that has to be moulded into a world class athlete. Similarly, corporate management's role in enterprises is to nurture talent, technically coach the employee and constantly measure performance.

Finally, what message would you like to share with your policyholders and brokers as you embark on this new chapter at TRA?

TRA is committed to service excellence and recognises that our right of existence are our policy holders. The operational plans are all directed to achieve a high degree of satisfaction, not only from our policy holders, but also medical schemes we partner with in ensuring that clients have access to quality healthcare.

The value-based management philosophy of Integrity, One Team, Mutual Respect and Transparency is evident in our Corporate Governance system which strives

“We simply cannot exclude the majority of South Africa's citizens from accessing quality healthcare.”



Alan Fritz with Matt Sates (left), a South African Olympic Swimmer.

to retain our moral compass at all times, constantly striving towards running our business ethically.



About Alan Fritz

Alan Fritz hails from East London. His interest in swimming began in 1978, when swimming pools in disadvantaged communities did not exist and the kids swam in the Buffalo River and the poorly maintained segregated beaches.

He established the Piranhas Aquatic Club in 1981 which was aimed at developing swimming skills in his home town and also served as the general secretary of the anti-apartheid Amateur Swimming Association of Border (ASAB).

In 2016, he was appointed to President of Swimming SA, which is now the most successful federation in South Africa, amassing more medals than any other and placing South Africa as the fifth strongest swim nation in the world.

Involved in the Olympics Committee, he is now also involved in preparations for Paris 2024, with the team announcement chosen to represent the country, expected early next year.

Professionally, Fritz was also the Divisional Manager of Human Resources at Mercedes Benz, the Divisional Head of Human Resources at DaimlerChrysler, Chairman of the Board at Incentammed, General Manager of Corporate Affairs at Sanlam Healthcare, Managing Director at Sanlam Healthcare Distribution Services, Chief Operating Officer at Bestmed Medical Scheme, Divisional Head Africa Sales at Liberty and Group Executive Director of Umvuzo Health.

In June 2023, he was appointed Chief Commercial Officer for Total Risk Administrators (TRA).



Are Medical Professionals Charging Unfairly?

By Liana Shaw

“**M**om, I don’t believe doctors are earning nearly as much as they should be.” This, from my son, a fourth-year medical student, who is busy poring over his 1000-plus pages of notes for his upcoming Pathology and Patho-Physiology exams. An unorthodox view from him, perhaps, in a society that is largely programmed to believe that doctors earn obscene sums of money.

He argues: “Mom, look at it this way: medical students are expected to dedicate many years to their studies – due to the volumes of work involved. We literally sacrifice our ‘twenties’, forgoing time that other young adults spend socialising and forming romantic relationships. There is no time for all of that, especially if you intend specialising at the end of your six-year degree. For all that, when we eventually qualify, we should be paid accordingly. People have the false view that doctors and specialists earn massive salaries, but that is simply not true,” he adds, pointing to documented research on what doctors and specialists can hope to make. “As you can see, doctors’ earnings aren’t extravagant, not enough to live a luxurious lifestyle, anyway. Plus, they have a huge responsibility on their shoulders. Trust me, you don’t go into Medicine for the money.”

Could my son have a valid point? Are doctors and medical specialists not being paid what they are worth? What is the average salary a general practitioner in South Africa can hope to make?

According to [payscale.sa](https://payscale.com), the average salary for a general practitioner is around R541 000 per annum, whereas a medical specialist can possibly earn around R1 020 006 per annum, depending on their level of experience.

When one considers annual base salaries for lawyers (around R241 203 per annum) and investment bankers (around R500 152), these numbers do not scream ‘rip off’. At least, not to me.

Doctors in private practice do earn more than those working in hospitals, but they have additional running costs, (staff salaries, rentals, investment in medical equipment, insurance and the like).

By all accounts, the paycheck for a physician, (particularly for doctors who are salary earners), is easily matched by people in other industries and professions, despite them being required to study for their profession for up to 12 years, for some specialties. After that, they become interns (earning very little during this time).

By the time they are deemed worthy to practice, they are often well into their thirties, in contrast to those in other professions, who by then, have already established lucrative careers.

Mind the Gap

But what about allegations surrounding medical doctors who have a tendency to charge way above scheme tariffs and inflate their prices, once they establish that the patient has additional gap cover? Mrs. Pillay’s story on page 14 illustrates how this, can, and does happen. Although, in her case, there is no way of telling if the respective doctor she dealt with, made a genuine mistake, we do know that he was aware that she had medical gap cover. Which begs the question, did he attempt to exploit the situation by overcharging, in the hopes that gap cover would conveniently cover the shortfall? There are no clear

answers, but more stories like hers, are continuing to surface, pointing to a possible worrisome trend, that is driving private healthcare costs way above inflation.

"This is not standard practice for the majority of medical professionals," disputed an industry expert, who asked to remain anonymous, due to the controversial nature of this issue. "Most doctors are dedicated, hard-working people, who put the needs of their patients ahead of their own."

He added: "Medical doctors work long hours. Their duties are extensive and highly-stressful in nature, ranging from surgery, to hospital rounds, and of course, patient consultations, at their rooms. Theirs is not a typical eight-to-five day.

"Haggling over money when it comes to your health, is counter-productive, particularly with the shortcomings of the public health sector. By all means, question the costs, and do your research, but in the end, your health is more important.

"Sometimes, the issue is not with individual doctors, but with the broader healthcare system. Regulatory frameworks, insurance policies, medical aids and pharmaceutical costs can all play a role in the overall cost of healthcare," he suggested.

But not everyone agrees. A medical expert on the opposite side of the spectrum had this to say: "Most general practitioners are part of the medical schemes' primary care networks. These networks - which differ from scheme to scheme - operate on contracted fees. Specialists are the same, with those forming part of a network being expected to work to prescribed tariffs within the scheme.

"However, specialists typically charge up to 100 percent more than the scheme tariff allows, while more than 50 percent of specialists across all disciplines, charge between 200-300 percent of scheme tariffs. Some I know of, even charge up to 700 percent of the scheme tariff," he said. "This is what has led to the need for medical gap cover, as the consumer simply cannot shoulder these exorbitant costs."

So, why are doctors and other medical professionals largely refusing to abide by the tariffs imposed by medical schemes?

According to News24, last year, medical aids paid an average of R408.00 per visit to a general practitioner, new numbers show, a modest sum that does not necessarily equate to the years spent on qualifying to practice.

On delving deeper, medical schemes are under extreme pressure to remain sustainable, given a waning member pool, and the expectations on the schemes to cover an increasingly wider range of medical conditions. Footing the total bill for medical services rendered, could spell disaster, as they run the risk of going out of business.

Thankfully, the onset of medical gap cover has served to soften the blow for the consumer, with gap cover policies settling the shortfalls.

NHI prompts exodus of medical professionals
As in any industry sector, supply and demand can also contribute towards perceived higher costs. Anyone who has recently tried to book an appointment with a medical specialist, (as a new patient), is well-aware of the long waiting lists and timeframes involved. There are simply not enough qualified specialists left in the country, and those who remain, are heavily over-burdened, in their efforts to treat a growing list of patients.

Why is this?

Aside from political instability and the economic challenges the country is facing, the ongoing debate around the implementation of National Health Insurance - in a bid to provide access to healthcare for all - appears to be the primary reason why qualified medical professionals are leaving.

This is because much is unclear about what the newly-proposed NHI will look like, how it will be funded, and how much doctors will be remunerated. This has created a measure of uncertainty among the medical health fraternity, with many talented doctors opting to leave the country, before the NHI is finally introduced.

This alarming mass exodus on the part of medical professionals, is continuing unabated, with many specialties - anesthetists being one such discipline - now in short supply of qualified people to render their services.

How you can protect yourself

Concerned over falling victim to astronomical medical bills? The surest way to protect yourself, according to the experts I spoke with, is to ensure you obtain a full breakdown of costs surrounding your procedure or surgery, ahead of time.

Should the final bill exceed what you were quoted, a savvy gap cover provider (if you have signed up with one), should be able to pick this up, and hopefully intervene on your behalf to get to the bottom of the issue.

Concerned your physician may be tempted to inflate the bill once they find out that you have gap cover? Simple. Do not tell them. There is no need for them to know that you have taken out added insurance. Medical gap cover is there for your protection, not theirs.



Have your say...

Taking all these factors into account, where do you stand on this issue? Do you believe that doctors are over-charging? Or, are they charging a fair price for their time, knowledge and expertise?

Take our poll below, and let us know!
Are doctors over-charging?

- ☐ Yes
- ☐ No
- ☐ Unsure



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MALE

BREAST

CANCER

Don't Mistake the signs!

By Liana Shaw

Imagine being diagnosed with breast cancer at the age of 25 – and you are male. Hard as it may be to believe, this is precisely what happened to a young Brazilian male subject who developed invasive ductal carcinoma, despite not having any important risk factors.

He sought medical assistance in August 2007, complaining of a breast tumour of progressive growth for the previous eight months. A physical examination revealed a 3.5cm tumour located on the right breast, together with a retraction of the nipple.

He received treatment, but as the mass had been detected too late, eventually, the cancer spread to the rest of his body and he passed away two years later.

This, according to World Journal of Surgical Oncology. Although breast cancer in men is rare, in the United States alone, about 1 910 new cases were diagnosed in 2009, with 440 of these cases resulting in death. More alarming still, according to the Breast Health Foundation (South Africa), it is estimated that South Africa has the highest incidence of male breast cancer in the world, with 1-3% of breast cancer cases diagnosed, occurring in men.

Know your risk factors

According to healthline.com, a host of factors can increase a man's chance of developing breast cancer, which is not to say that they will.

Major risk factors include: Getting older (most breast cancers are found after the age of 50); Family history of breast cancer; Radiation therapy treatment; Hormone therapy treatment; Klinefelter Syndrome (a rare genetic condition in which a male has an extra X chromosome); Certain conditions that affect the testicles (injury to, swelling in, or surgery to remove the testicles); Liver disease (Cirrhosis (scarring) of the liver can lower androgen levels and raise estrogen levels in men); Being Overweight or obese.

Possible symptoms

The most common symptoms of breast cancer in men include: a lump or swelling in the breast; redness or flaky skin in the breast; irritation or dimpling of breast skin; nipple discharge; pulling in of the nipple or pain in the nipple area.

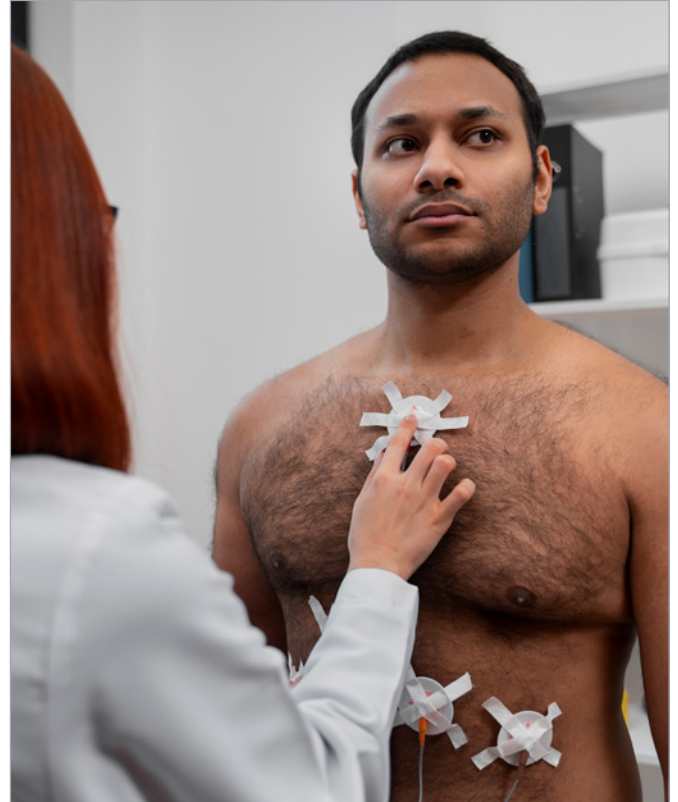
Breast cancer treatment and costs

As in women, treatment for breast cancer in men depends on how big the tumour is and how far it has spread. Typically, treatment may include surgery, chemotherapy, radiation therapy, hormone therapy, and targeted therapy.

And again, as with all cancer treatment, costs can spiral into the hundreds of thousands, with medical schemes unlikely to cover the full cost of treatment.

Taking out additional insurance in the form of Cancer Cover is highly recommended. Luckily, for men whose partners have invested in the Female Cancer Cover policy with Total Risk Administrators (TRA), they automatically qualify to also take out one of the product options, which covers them for prostate, testicular, penile, bladder and male breast cancer.

Starting from as little as R75.00 per month, a lump sum benefit of R25 000 (Select option), R50 000 (Prime option), or R75 000 (Peak option) can be paid out to the male policyholder, upon confirmed diagnosis of one of the listed male cancers.



Reducing your risk

Male breast cancer cases that result in death are usually due to the cancer being detected too late, at stages 3 or 4. This is because men are less likely to seek help for a possible breast anomaly, as they believe that breast cancer does not affect them.

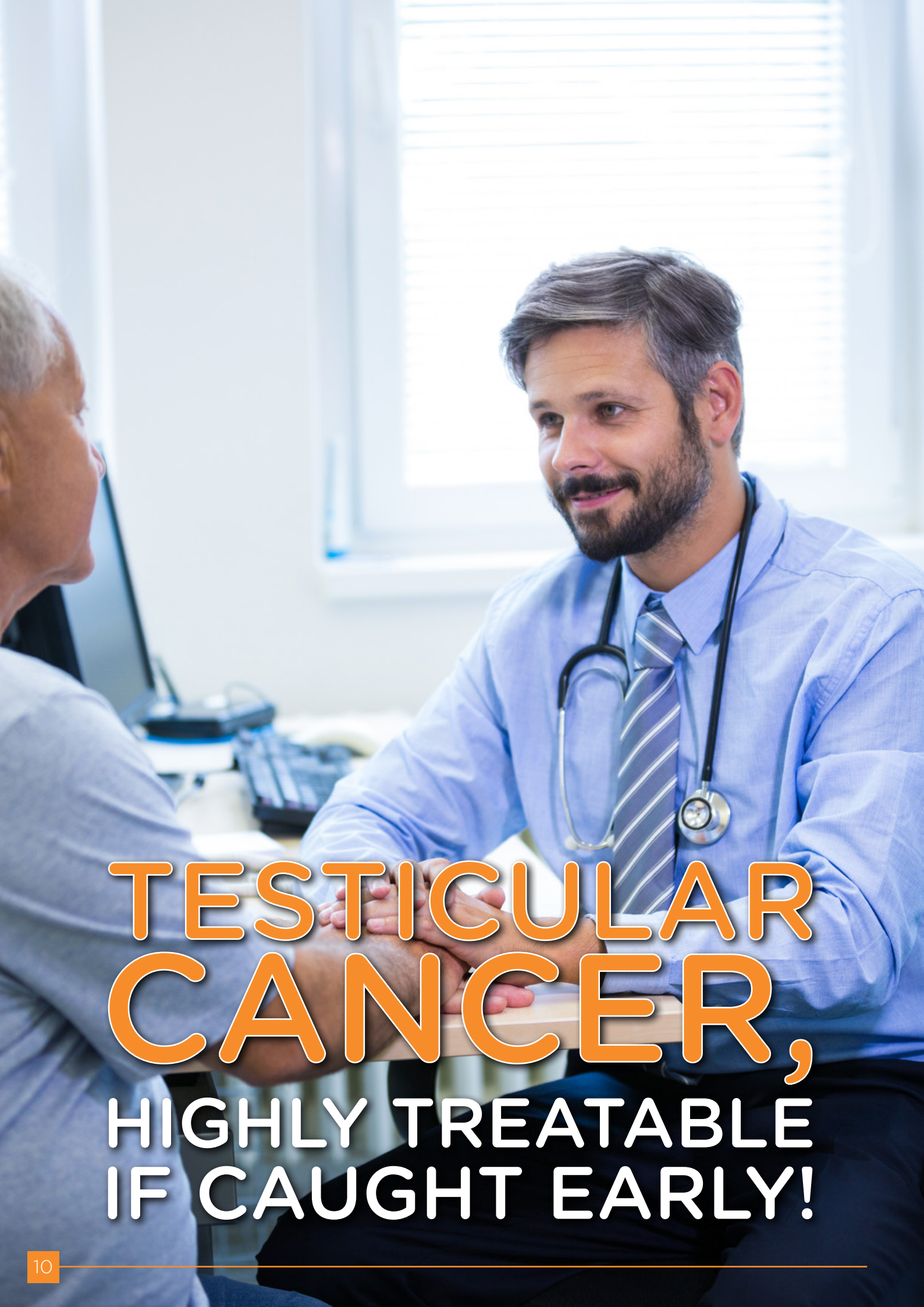
Seeking immediate help should you experience any symptoms or changes, is crucial, and may save your life.

Moreover, if several members of your family have had breast or ovarian cancer, or a family member has a known BRCA1 or BRCA2 mutation, it is important that you share this information with your doctor, who may refer you for genetic counselling.

Mutations in the BRCA1 and BRCA2 genes can increase the risk of breast cancer, high-grade prostate cancer and pancreatic cancer.

Should genetic counselling reveal that you have one of these mutations, your medical practitioner will explain what you should do to find cancer early, if you get it. Aside from that, lower your risk by keeping a healthy weight and remaining physically active.





**TESTICULAR
CANCER,**
HIGHLY TREATABLE
IF CAUGHT EARLY!

Beloved DeeJay, Mark Pilgrim, recently lost a lengthy fight with cancer which began at the tender age of 18, when he was first diagnosed with testicular cancer. Although he won that particular battle, unfortunately, he lost the war, when the cancer returned years later in a different form, eventually spreading to his lungs.

According to the 2019 National Cancer Registry, the lifetime risk for Testicular Cancer in men in South Africa, is 1 in 1 578, with men aged between 15 to 40 years of age, being the most likely to be affected.

Although it is a relatively rare form of cancer, accounting for only about 1 percent of all cancer cases in men, it is important to recognise the early signs, particularly as Testicular cancer is highly treatable and the chances of recovery are excellent if it is caught and treated early.

Know your risk factors and symptoms

A lump or swelling in one or both testicles, coupled with a feeling of heaviness or aching in the scrotum or lower abdomen, or a dull ache in the lower abdomen or back, are usually the first indicators of the disease.

Other potential symptoms may include a change in the size or shape of one testicle, a dull ache or feeling of pressure in the lower abdomen or scrotum, a feeling of fullness or heaviness in the scrotum, or a sudden collection of fluid in the scrotum.

Because this cancer tends to develop in younger individuals, medical professionals recommend that young men begin testicular self-examinations soon after puberty, each month, preferably after a bath or shower, to feel for any pea-sized lumps that could indicate Testicular Cancer.

Testi-monials, a campaign created by the FCB Advertising Agency in Cape Town for CANSA, (featuring testicles giving their own testi-monials about cancer and how they have been personally affected), is hoping to stamp out the awkwardness around talking about testicular cancer. More important, they are aiming to drive awareness about the importance of talking about 'ball health' and how to take care of this intimate part of their body by giving advice on how to self-examine and detecting signs and symptoms.

Possible risk factors for developing the disease – aside from the age factor – could include men with a family history, (such as a brother or father diagnosed with testicular cancer); men who have had a previous occurrence of testicular cancer; men who have undescended testes at birth; race (white men are four to five times more likely to suffer from this particular cancer than any other race group); and HIV infection, which also increases the chances of developing testicular cancer, according to the American Cancer Society.

Detection and treatment

Testicular cancer can be diagnosed through a physical

examination, blood tests, and imaging tests such as an ultrasound or CT scan.

Much like most cancers, treatment would depend on the stage and type of cancer, coupled with the patient's overall health, with the most common treatment being surgery to remove the affected testicle. This is known as a radical inguinal orchiectomy.

Radiation is another form of treatment, as well as chemotherapy, which is typically given as an injection into a vein, and is usually administered on an outpatient basis.

Once treatment has been completed, a team of doctors and specialists, including a urologist, a radiation oncologist, and a medical oncologist, will follow the patient to ensure that the cancer does not return.

Although the chances of recovery are excellent, if caught and treated early, setting yourself up with some form of insurance – preferably via a dedicated Cancer Cover – is highly recommended, especially in the dreaded event of the cancer returning, which could see your medical bills spiralling.

No one likes to contemplate being diagnosed with cancer, but with cancer cases rising globally, protecting yourself financially could lighten some of the emotional load associated with developing the disease.

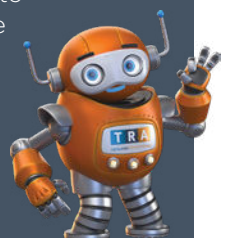
Insurance providers like **Total Risk Administrators**, (TRA) are coming up with inexpensive and effective ways to provide financial security in the event of being diagnosed with this dread disease.

Their recently introduced Female Cancer Cover, (covering a series of female cancers, among them breast and cervical), also makes provision for the male spouse to obtain cancer cover for male cancers such as testicular, penile, male breast, bladder and prostate.

From as little as R75.00 per month for a lump sum benefit of R25 000 (Select option), R50 000 (Prime option), or R75 000 (Peak option), upon confirmed diagnosis of one of the listed male cancers.

Easing the financial implications associated with cancer treatment, is one way to alleviate some of the stress that comes with the disease.

Better yet, knowing your risks, and staying vigilant, by recognising the possible signs of the disease early on, still remains the best protection of all.





TRA'S TRAVEL BENEFIT WILL NOT LEAVE YOU STRANDED!

As a part of TRA's unique range of value-adds available to their policyholders, the Travel Benefit provides their members with peace of mind when they travel.

If you are under the age of 71, you automatically have access to the benefit of this comprehensive travel insurance - the cost of which is covered by TRA - provided that you remain a TRA Gap Cover policyholder and that your premium payments are up to date.

The benefits of this policy include emergency medical and related expenses, to the amount of R600 000.00, emergency inpatient and outpatient treatment due to Covid-19, medical evacuation, repatriation or transportation to a medical center, as well as a hospital cash benefit, to the value of R500.00 per day.

You further qualify to buy a top-up plan to increase your medical and baggage related cover, simply by clicking on a dedicated link.

The top-up plan is well worth considering, as it could provide you with cover for trip cancellation, pre-existing medical conditions, missed connections and much more.



Click [HERE](#) for full details.

The travel insurance is underwritten by Guardrisk Insurance Company Limited, a licensed non-life insurer, and administered by Hepstar Financial Services (Pty) Ltd, both being registered Financial Services Providers.

Let's Take Care

Listen to our
various PodCasts
hosted by
Liana Shaw



Male Breast Cancer

Did you know that South Africa has the highest incidence of male breast cancer in the world?

Most deaths resulting from this male cancer are due to the disease being caught too late.

[Click onto our podcast for the details.](#)



Testicular Cancer

Testicular cancer in men mostly affects white men, but if caught and treated early, this cancer is highly treatable and the chances of recovery are excellent.

[Click on to our podcast](#) to learn about possible symptoms and risk factors.

AN UNHAPPY CUSTOMER: TRA DIGS DEEP TO DETERMINE CAUSE

Imagine being quoted a certain figure to undergo surgery and when the medical bill arrives, it is not what you expected. In fact, it is close on double. This is precisely what happened to Mrs. Pillay, from Phoenix, Kwazulu-Natal. Thankfully for her, she had taken out medical gap cover with TRA, which she determined would cover the balance - once her medical scheme had paid out its designated portion. But, after submitting her claim with TRA, the amount paid out to her was not sufficient to cover the shortfall. Angry and upset, she took to Hellopeter, to voice her concerns, ranking Total Risk Administrators a 1* for their lack-luster service.

To her surprise, she received a call from TRA's Chief Operating Officer the very next day, who had picked up the negative review, and offered to personally become involved to get to the bottom of the matter.

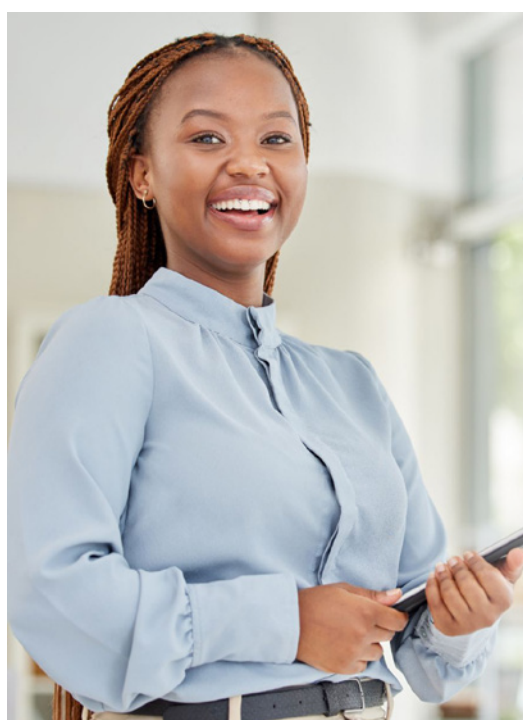
"I was very surprised that someone from top management actually took the time to interact with me," she said. "I explained my predicament to him, and he took the time to listen, assuring me that my case would be investigated immediately."

It only took a few days for the TRA team to get back into contact with Mrs. Pillay, and when they did, they had astonishing news - the doctor in question had

mistakenly overcharged for his services, instead of sticking to the prescribed charges she was originally quoted. This was why, there was a discrepancy with her claim to TRA, who were working according to the amount initially quoted by the medical professional.

The additional charges were reversed, so that Mrs. Pillay was not required to pay a single cent out of pocket for her procedure, over and above what her medical gap cover provided.

★★★★★
"I am very grateful to TRA for looking into the matter on my behalf, and for getting back to me as swiftly as they did. I can safely say that my 1* experience has now been elevated to a 5*.
Thank you TRA!"



Five Stars for TRA on Hellopeter

<https://www.hellopeter.com/total-risk-administrators>

★★★★★

"10 stars for exceptional service from Dessie. Claim was processed in 24 hours. Absolutely fantastic service and hassle-free claiming."

★★★★★

"My claim was dealt with promptly and efficiently. The turnaround time from the submission of the claim to the payment to the medical practice was fast."

★★★★★

"I am very happy with the service provided by Total Risk Administrators. The staff are always friendly and helpful and I never have any problems with my claim settlements."

★★★★★

"Seamless, quick service."

★★★★★

"Very happy with service. First time I submitted a claim and had no hassles. Got paid out within a week."

This random sample of reviews recently posted on the country's most respected platform - Hellopeter - not only highlights customer satisfaction among TRA's policyholders, but has earned the company a 10/10 trust index rating, ranking the company #1 insurance provider in gap cover.

"Thank you to all our valued policyholders for taking the time to share their positive experiences with TRA on Hellopeter. We are incredibly honoured to have earned a 10/10 trust index rating. This recognition motivates us even further to uphold and continuously improve our service standards. Our commitment has always been to provide swift, seamless, and hassle-free claim processes for our customers. To be ranked the #1 insurance provider in gap cover truly reaffirms our dedication to ensuring that our clients' needs are always met with utmost precision and care," said Geoff du Preez, Chief Operating Officer at TRA.

**Added to this, TRA has received a Net Promoter Score of 83, which illustrates a further measure of trust in the company, (NPS indicates how likely it is for reviewers to recommend this business - above 49 stands for very likely). Testimonials do not constitute advice.*



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is the name
of TRA's orange
and silver AI Bot?



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Click **HERE** to read the terms and conditions.



Anthea, Botlhale and Nokuzola excited and ready to assist with questions around the TRA Gap Cover offering.

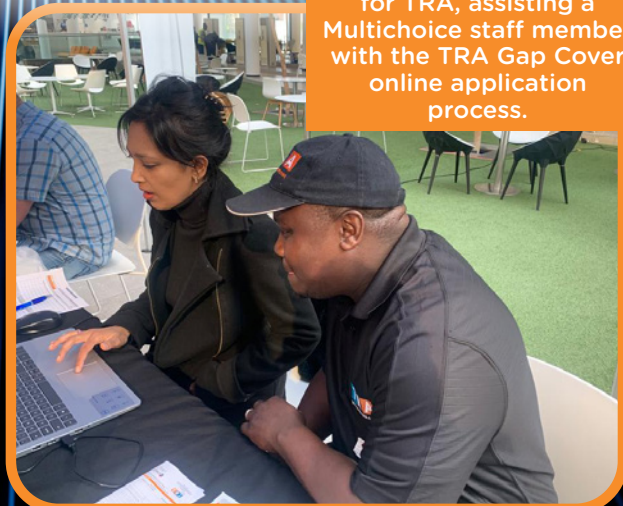


TRA represented by Gift Msane and Nokuzola Sibiya. Insight represented by Anthea Towert and Botlhale Letsoalo.

TRA and Insight Advisory Solutions participated in a Gap Cover HelpDesk session at our joint client – Multichoice.



Anthea, Botlhale and Nokuzola excited and ready to assist with questions around the TRA Gap Cover offering.



Gift Msane, Head of Customer Services for TRA, assisting a Multichoice staff member with the TRA Gap Cover online application process.

COMPLIANCE
CORNERBEWARE –
DON'T MESS WITH FICA

FICA has sent out a strong message to financial services providers – and it is this: comply with the rules and regulations, or stand the risk of being heavily fined.

Recently the FSCA issued a fine of R870 000, reduced eventually to R400 000, to a certain financial services provider, for failing to adhere to the various responsibilities imposed by the Financial Intelligence Centre Act (FICA), upon an accountable institution.

Inter alia duties include:

- Verify and screen clients
- Develop, document, maintain and implement a risk management and compliance programme (RMCP)
- Identify, assess, monitor, mitigate and manage the risks that the provision of its products or services may involve or facilitate money laundering, terrorist financing and related activities

Having sleepless nights over all the recent changes relating to FICA?

Need assistance to implement practical tools? A practical webinar – scheduled for 2pm on 13 September, 2023, may be precisely what you need! Contact admin@nfsgroup.co.za for bookings.

And remember:

- FSTC Reporting (BBBEE) – due 13 October 2023
- Beneficial Ownership Submission to the CIPC – due 30 September 2023
- FSCA levies calculation has changed and will be based on your average representative count, rather than the number of representatives, as at 31 August.

Brought to you by  **NFS GROUP**



ON A LIGHTER NOTE...

**DOCTORS SHARE THEIR
FUNNIEST STORIES**

I was caring for a woman and asked, “So how’s your breakfast this morning?” “It’s very good, except for the Kentucky Jelly. I can’t seem to get used to the taste,” the patient replied. I then asked to see the jelly and the woman produced a foil packet labeled “KY Jelly.” – **Dr. Leonard Kransdorf**

Now thankfully this story did not result in death but goes to show you how sloppy handwriting can be a major problem in healthcare.

A woman in Arkansas brought her baby in to see the doctor, and he determined right away the baby had an earache. He wrote a prescription for eardrops. In the directions he wrote, “Put two drops in right ear every four hours” and he abbreviated “right” as an R with a circle around it. Several days passed, and the woman returned with her baby, complaining that the baby still had an earache, and his little behind was getting really greasy with all those drops of oil. The doctor looked at the bottle of eardrops and sure enough, the pharmacist had typed the following instructions on the label: “Put two drops in R ear every four hours.” – **From Cafe Mom**

A doctor tells his wife, “You’re a terrible cook, you spend too much money, and you’re a lousy lover!” Two weeks later, he comes home to find her making out with his partner. “What’s going on here?!” he demands. “Just getting a second opinion,” she replies.

– **Submitted by Deborah Axelrod, MD, New York University Perlmutter Cancer Center**





294 reviews
later, and
Hello Peter
gives us a
10 out of 10
trust index!

