

THE GAP



Volume 3, Winter edition



INSIDER



TRA TO REVOLUTIONISE INDUSTRY WITH NEW INITIATIVE

■ Superbug Showdown in SA hospitals -
Have your say!

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THIS ISSUE>>>

Legal fees to oppose NHI
already in the millions



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TRA - Total Risk Administrators (Pty) Ltd
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From the editor

Welcome to our Winter edition, where we reveal TRA's latest trump card – the establishment of a dedicated provider network for medical professionals – a first (to our knowledge), for the South African medical gap cover market!

In our exclusive interview with Dr. Avron Urison, Chief Medical Officer at TRA, he tells us all about this new initiative and what it means for both policyholders and medical service providers.

Dr Avron will also be providing The Gap Insider with regular content for podcasts on general medical matters that are currently trending. We kick off with a podcast on the controversial weight-loss injection. Should we take it to lose those excess kilograms, or leave well alone? You decide. Our Opinion piece covers the disturbing rise of superbugs in hospitals (South Africa is equally affected), and what,

if anything, can be done to combat them. A study in The Lancet last year shows that more than one million people died from antimicrobial resistance (AMR), globally each year between 1990 and 2021. And the dire prediction is that deaths are set to increase by 70% by 2050 compared to 2022.

Again, let us have your views on this troubling issue, by taking part in our interactive poll on page 7.

On a lighter note, don't forget to enter our Competition where you stand the chance to win a Philips Airfryer 1000 Series 6.2L on page 21.

Stay warm. Till we meet again in the Spring.

Liana

On the Cover: Dr Avron Urison
Editor: Liana Shaw • Sky Publications cc • Cell: 082 851 6777
Head of Design: Simone Anderson • Email: Simone@jdenterpriseone.com



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As one of the original pioneers of medical gap cover in South Africa, it is only fitting for TRA to continue leading the way by pioneering another exciting initiative, one that looks set to revolutionise the industry.

News that TRA was aligning with a network of medical service providers - in an effort to ease the claims process for its policyholders, while simultaneously facilitating speedy reimbursement to medical professionals - has been enthusiastically received.

We pinned down Dr. Avron Urison, Chief Medical Officer at TRA, to get the scoop.

Before we dive into the nitty-gritties of this exciting development, tell us more about you, your experience and skills-set as a medical doctor, and how you came to be involved with TRA.

I graduated from the University of the Witwatersrand in 1992 as a medical doctor, before completing my MBA, at the University of Cape Town.

Medicine, and diseases and the risks they pose to a population, has been a particular interest of mine from the very start, which was why I chose to focus and consult within this particular healthcare segment.

I became involved with the start-up of AllLife - the first company in the world to provide life insurance for people affected with HIV - in 2004.

Bear in mind, that HIV was viewed differently back then, unlike today, where the disease can actively be managed, so becoming involved in a venture like this was largely considered a risky and foolhardy venture.

But, through continuous underwriting and commitment on the part of our policyholders to certain lifestyle changes and behaviours going forward, we were able to implement it, successfully.

At AllLife, I became intricately involved in developing the business models required for this specialised life insurance product, which remains in existence to this day.

Having achieved my career aspirations at AllLife, I eventually ended my tenure in 2014, in order to broaden my horizons, and immerse myself in alternative life or medical health insurance ventures. I was very interested in the digital world and how it can be incorporated into the insurance space, which led to my next

corporate venture, as a Chief Medical Officer consultant to 1Life Insurance, to assist with underwriting, claims and product development.

Then along came Covid-19, which inadvertently propelled me into the health and wellness space, as a key participant of the Telesure Covid Committee, eventually precipitating my involvement in corporate health and wellness, disease management and chronic disease prevention. This evolved in greater use and involvement in the digital insurance world, with different mechanisms (such as smart watches, for example), to measure health.

My interest in health technology and AI as it developed, served as a useful intersection of skills and knowledge to bring to TRA, when I joined their team as Chief Medical Officer consultant in September last year.

Explain your role as chief medical officer at TRA. What exactly does this entail?

After discussions with the TRA senior management team, it was evident they shared similar views with respect to the medical aid cover South Africans are receiving, why they fall short and what can be done to bridge the gap.

Medical aids are becoming very costly, which finds people switching benefit options. And of course, this means gap cover is becoming more important than ever before. TRA does not rest on its laurels. Their products and services are constantly evolving to meet these critical market needs.

“ Medical aids are becoming very costly which finds people switching benefit options. This means gap cover is becoming more important than ever before. ”

TRA TO REVOLUTIONISE INDUSTRY WITH INTRODUCTION OF NEW INITIATIVE

DR. AVRON URISON ON SA'S FIRST GAP COVER MEDICAL PROVIDER NETWORK

By Liana Shaw



When we sat down to explore the concept of establishing a provider network tailored for the gap cover environment, a discussion that had been evolving for some months, the benefits became immediately clear. We recognised a need for a more integrated approach, where medical service providers and funders collaborate more directly. This type of engagement had not previously been implemented within the gap cover space (to our

knowledge) in South Africa, making it a truly pioneering step for TRA.

What's in it for the medical service providers?

Policyholders of medical gap cover, unfortunately, don't always pay over the respective medical fees due to their providers. Through this newly implemented network, TRA will now be able to pay over fees due to service providers within a relatively short period of time (3-5 working days), with the consent of the policyholder, alleviating them of this function.

Provided medical charges are within the 300 percent above medical aid rates mark, TRA will undertake to settle their fees, on behalf of their policyholder, thereby facilitating speedy and safe payment.

What are the benefits for the policyholder?

The new streamlined process will alleviate much of the stress and frustration around claims, where it relates to the medical service provider. Once a policyholder has lodged their claim with TRA, within a few days, medical charges are settled directly by TRA.

“The new streamlined process will alleviate much of the stress and frustration around claims.”

How far are you into that process?

We have contacted over 100 doctors already, with up to 70 percent of these professionals pledging their support, and a number already signed up on the system.

Roll-out is immediate, as the concept is already operational. Next, we will approach the next 100 specialists.

What else does your role at TRA encompass?

I will also become actively involved with The Gap Insider, supplying informative medical content, via a series of podcasts, articles and being available to policyholders to answer any medical related questions, for which they may be seeking clarity. In addition, I will be involved on the claims side of the business as well as liaising with doctors where required.

To pose a general health-related question to Dr. Avron, email him directly at: askdravron@totalrisksa.co.za

Watch the introduction to our podcast series: What is it about? Who are we talking to? What can we do with the information we hear?

Our dynamic team will take you through all the topics you want to hear and its interactive. Simply email your questions to askdravron@totalrisksa.co.za and we may include your questions in future podcasts.

>>> CLICK HERE TO LISTEN <<<

Welcome to:

The Inside

TRAQ

Wanting to reach out to Dr. Avron? An example of the type of questions you could pose are:

- “Are weight loss injections like Ozempic safe, and will I gain the weight back if I stop taking them?”
- “Why are so many people talking about gut health lately? Should I be taking probiotics every day?”
- “How can I tell the difference between long COVID symptoms and just being tired or stressed?”
- “Is it true that stress can actually make you physically sick? What symptoms should I watch for?”
- “Do I really need to get a shingles vaccine now that I’m over 50, even if I’m healthy?”
- “Are wearable devices like smartwatches accurate enough to detect serious health problems like heart issues?”
- “Why do so many people suddenly have food intolerances? Should I get tested if I feel bloated or tired after eating?”
- “What’s the big deal about inflammation? How do I know if I have it, and what should I do about it?”
- “Is it still important to get vaccinated for COVID-19, or are we past that now?”
- “What can I do to boost my immune system naturally so I don’t keep getting sick?”

Reach out to Dr. Avron at askdravron@totalrisksa.co.za

**Please note that Dr. Avron cannot answer your personal health queries. You would need to consult your personal health practitioners for this. No personal medical advice consults will be provided.*

DISCLAIMER: Questions submitted to The Gap Insider will be reviewed by our Chief Medical Officer. While all will receive a private response, not all questions will be published. Policyholders will be asked to confirm whether they are comfortable with their question being featured in the magazine, either with their name, anonymously, or not at all. Only questions with clear written consent will be considered for publication. All submissions and responses will be handled in accordance with the Protection of Personal Information Act (POPIA), and due regard will be given to the sensitivity of personal medical information. We are committed to maintaining strict confidentiality and will not disclose any personal details without your explicit permission.



'NIGHTMARE BACTERIA' SIGNAL SUPERBUG SHOWDOWN IN SA HOSPITALS

By Liana Shaw

A close friend was recently advised against a treatment that could potentially alleviate their pain and possibly slow down the progression of their auto-immune disease, due to the growing threat of deadly superbugs in our hospitals. The treatment in question - blood plasma exchange - is somewhat invasive, requiring a stay in the Intensive Care Unit, something his weakened immune system under the procedure, would likely not survive should he have the misfortune of picking up a deadly superbug.

A deadly family of antibiotic-proof germs is spreading fast, and doctors are warning that we are one step away from crisis mode. This, according to www.2oceansvibe.com. Having earned the nickname 'nightmare bacteria' from the US Centres for Disease control, this family of antibiotic-resistant bugs called CRE is fast gaining ground, with no immediate solution in sight.

"The exponential rise of Carbapenem-Resistant Enterobacteriaceae (CRE) in South Africa has the potential to become a national crisis," warned clinical microbiologist Dr Adrian Brink, co-chair of the South African Antibiotic Stewardship Programme.

Back in 2012, only 64 people tested positive for CRE through the Ampath lab. Fast-forward three years and that number has ballooned to 587, he claimed.

"The big problem at the moment is CRE," echoed Professor Guy Richards, director of critical care at Charlotte Maxeke Johannesburg Academic Hospital.

"MRSA, the methicillin-resistant Staphylococcus aureus, was the big bug that we were aware of 10 years ago," he said. Now it is CRE taking the spotlight, and not in a good way."

According to Briette du Toit, who heads up infection prevention for Mediclinic Southern Africa, CRE is one of the top three drug-resistant bugs infiltrating Mediclinic hospitals.

"This is not just an isolated outbreak in some rural hospital, it's everywhere," she said.

Over in the USA, CDC boss Dr Tom Frieden commented that CRE are nightmare bacteria. "Our strongest antibiotics do not work and patients are left with potentially untreatable infections."

Trusted antibiotics now ineffectual

In the past, Carbapenems were the big-gun antibiotics reserved for the worst infections, but CRE is not responding to these.

In Gauteng alone, around 1 500 people caught hospital-acquired infections between 2012 and 2014, according to health MEC Qedani Mahlangu, 20 of whom tragically passed away as a consequence.

More alarming still, according to Dr Roshini Moodey Naidoo, head of clinical quality management at Discovery Health, hospital infections are in general, significantly under-reported. "We have anecdotal and other evidence of infection outbreaks in some hospitals".

In addition, even though private hospital groups Mediclinic and Netcare say their infection rates are within the international norm, it is small comfort for someone who contracts one of these deadly bugs and the antibiotics are resistant. More worrying still, these superbugs are not confined to ICU. Even people heading in for elective surgeries are at risk.

"It is quite common for patients to go in for a procedure like a knee or hip replacement and develop an infection," said Richards.

So, where to from here?

Thankfully, medical aid schemes are beginning to rate hospitals on infection, death and readmission rates. Equally, many hospitals have jumped on board the 'Best Care Always' campaign, started in 2009 to tackle hospital infections and advise on antibiotic use.

More encouraging still, according to Department of Health spokesman Joe Maila, South Africa has also developed an antimicrobial strategy and implementation plan in line with the antimicrobial global action plan that has been put in place by the World Health Organisation (WHO).

Beating the bugs

The need to develop new treatments for microbial infections, or possibly even develop preventive vaccines is the ultimate aim. However, these interventions take time and can be costly.

In the meantime, hospitals are being encouraged to set up antimicrobial stewardship programmes, that entail establishing a team of health workers made up of doctors, nurses and pharmacists, and led by a microbiologist or infectious disease

specialist, to oversee responsible use of antibiotics. The team would be ultimately responsible for administering the correct antibiotics and doses, once the laboratory tests are obtained. This, according to the Mail & Guardian (July 2022).

The experts further advise that health workers such as nurses can be trained to serve as important links between pharmacies, doctors and patients in the use of responsible antibiotics and further stress the importance of engaging pharmacists in ward rounds in the hospitals.

Of course, the main challenge in tackling superbug infections in hospitals, generally, is funding.

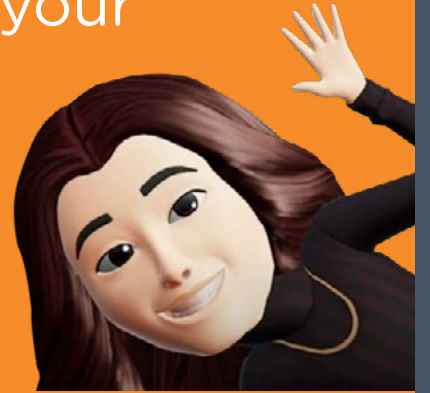
"Big programmes like this aren't always possible and it might not always be necessary. Even small steps with limited medical staff representation can make a big difference," says Sarentha Chetty, a lecturer in pharmacology at the University of the Witwatersrand and the lead author in the Kwazulu-Natal study.

"Sometimes it is just one person (with stewardship training), who is checking things. With the rest of the team's support, it is doable, even if it's on a smaller scale."

What is your take?

Have you or a loved one ever contracted a superbug during a hospital stay?

[TAKE PART IN OUR POLL](#)

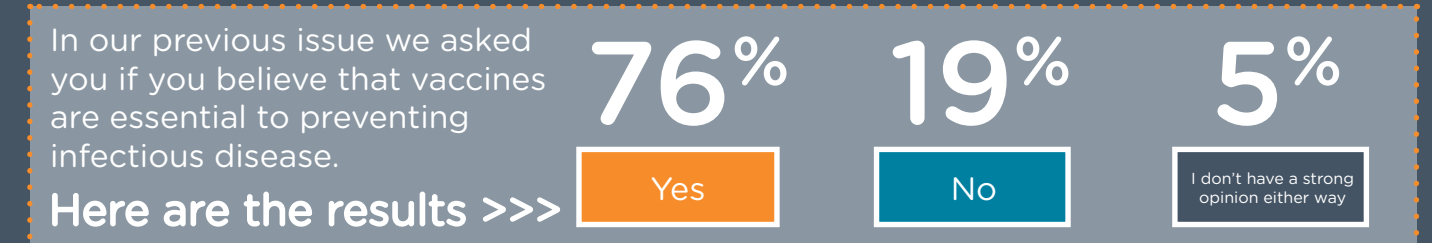


TAKE PART IN OUR INTERACTIVE POLL

Have you or a loved one ever contracted a superbug during a hospital stay?

Yes

No



Remember to get your Flu Vaccine!

LEGAL FEES TO OPPOSE NHI ALREADY IN THE MILLIONS



Have you ever wondered what it may be costing the tax payer, for opposition parties to contest the implementation of the NHI? It is well within the millions, R9.1 million to be exact, according to Health Minister Aaron Motsoaledi.

In an article that appeared in the Cape Times, in May, Motsoaledi disclosed that a staggering R9.1 million has been spent on litigation involving the National Health Insurance (NHI) and National Health Act.

When asked to justify paying a large legal team, when hospitals cannot afford to pay for patients or overtime for doctors, Motsoaledi claimed their legal team was appropriate, given that they were being sued for seven cases.

He further added that South Africans on medical aid receive tax credits to the sum of R33 billion.

"It is R103 billion rand that goes to 14% of the population," he said. "Then you come here to me and complain about the R9 million."

African Christian Democratic Party (ACDP) MP Steven Swart responded the cost of litigation was extremely worrisome and took away much needed health services, in particular medical legal claims, which as at last year, were R75 billion and the legal costs would be hundred of millions of rands.

And it is unlikely to end there. The controversy surrounding the NHI is expected to continue unabated, likely continuing to induce mounting litigation costs.

The Western Cape Government - the only one in the country to have raised objections to the draft governance regulations relating to the implementation of the NHI Fund, is unlikely to give up the fight.

The ANC in the province says the Western Cape Government's rejection of the draft National Health Insurance (NHI) regulations reflects a political choice to defend privilege rather than fix inequality.

Claiming the NHI is a centralised, national insurance fund Health MEC, Mireille Wenger said while the Western Cape Government supports the constitutional imperative to realise the provision of universal healthcare, it remains concerned that the NHI model in its current form - will weaken existing healthcare systems and reduce the ability of provinces to deliver responsive and accountable services to residents. This latest news, also according to the Cape Times.

The draft governance regulations provide for detailed matters pertaining to, amongst other things, the appointment of a board and CEO for the NHI fund.

FEATURES (& BENEFITS) OF JOINING A MEDICAL AID SCHEME

- Comprehensive coverage for in-hospital and day-to-day cover, depending on the plan.
 - Guaranteed benefits for prescribed minimum benefit conditions.
 - Members are subject to community rating, meaning everyone pays the same premium regardless of health status.
 - Medical aid scheme cover contributions are typically higher than insurance premiums.
 - Waiting periods and late-joiner penalties may apply.
- Medical aid schemes typically offer structured plans that may include coverage for chronic medication, GP (general practitioner/doctor) visits, specialist consultations, hospitalisation and in-hospital benefits.

BUT DID YOU KNOW?

Even though medical aid schemes provide healthcare cover, there is often a gap (shortfall/difference) between what the medical scheme pays and what the specialists charge, which you will be liable for. Gap cover is often necessary to bridge the difference, ensuring you're not paying out of pocket.

WHAT IS MEDICAL INSURANCE?

Medical insurance, which includes products like primary healthcare and gap cover, is now governed by the Insurance Act (2017). Although these products were historically classified under the Short-Term Insurance Act, the regulatory landscape has evolved. Today, insurers offering these products must be licensed by the Prudential Authority (PA) and are also subject to oversight by the Financial Sector Conduct Authority (FSCA) in terms of conduct standards. These regulatory frameworks ensure greater consumer protection, financial soundness, and standardisation of benefits.

It's important to note that demarcated products – including gap cover – must comply with strict pricing rules that limit how premiums can be adjusted. For most of these products, age and health-based discrimination is not permitted, with only limited exceptions (e.g., family composition or plan structure). All premiums must be actuarially justified, risk-pooled, and in line with the requirements of the Insurance Act and its supporting regulations.

FEATURES (& BENEFITS) OF SIGNING UP FOR MEDICAL INSURANCE

- Fixed payouts for specific events, not necessarily linked to the actual medical costs incurred.
- No obligation to cover prescribed minimum benefits.
- Health insurance premiums are generally lower than medical aid premiums.
- May cover events like accident cover, hospital stays, and critical illness diagnoses.
- Typically excludes day-to-day benefits like GP visits and routine check-ups.

Some medical insurance products may offer add-ons like basic dentistry or optical benefits, but these are usually limited and vary widely between providers.

Medical Insurance vs Medical Aid: What's The Difference?

Medical Insurance and Medical Aid may sound like the same thing, and in many ways, they can overlap; however, there are some key differences between a medical aid scheme and medical insurance that are important to know when making a decision on your coverage.

Both medical aid and medical insurance offer some form of financial support for healthcare. They differ in how they manage risk, cover costs, and provide benefits.

This article breaks down the major distinctions and differences, helping you make an informed decision that suits your personal healthcare needs.

WHAT IS A MEDICAL AID SCHEME?

In South Africa, a medical aid scheme operates as a non-profit entity governed by the Medical Schemes Act. These schemes are designed to pool members' contributions (put all the contributions together) to ensure that funds are available to cover essential healthcare services when needed.

Medical aid schemes must register with the Council for Medical Schemes (CMS) and adhere to strict regulations set out in the Medical Schemes Act. These include providing cover for a defined list of conditions known as Prescribed Minimum Benefits (PMBs). PMBs include 270 medical conditions and 25 chronic diseases, such as asthma, diabetes, and HIV.

* Medical Aid vs Medical Insurance: Let's See It In A Table

Difference in:	Medical Aid Scheme	Medical Insurance
Governing Legislation	Medical Schemes Act	Insurance Act (2017)
Regulatory Body	Council for Medical Schemes (CMS)	Financial Sector Conduct Authority (FSCA) and the Prudential Authority
Type of Cover	Comprehensive, real-time payment of medical expenses	Fixed cash payouts per event
Covers PMBs	Yes	No
Premium Structure	Community-rated (everyone pays the same)	No difference in premiums due to age or health (with limited exceptions)
Plan Types	Medical aid options with tiered benefits	Policy-based options with specific payouts
Use of Funds	Contributions are pooled for all members	All premiums must be actuarially justified, risk-pooled, and in line with the requirements of the Insurance Act and its supporting regulations
Purpose	Provide real-time medical cover	Offer financial support after specific events

This comparison highlights the distinction between medical aid and medical insurance in terms of how they support an individual's access to healthcare.

Regulatory Note: All licensed insurers offering medical insurance or gap cover in South Africa are governed by the Insurance Act (2017), with oversight from the Prudential Authority and FSCA. These products must follow strict actuarial pricing rules, pooled funding principles, and conduct requirements, ensuring equitable treatment of policyholders and compliance with national legislation.

WHICH OPTION IS BEST FOR YOU?

The choice between medical insurance vs medical aid depends on your personal situation.

- Medical aid is suitable for those with ongoing healthcare needs, chronic conditions, or families seeking comprehensive coverage.
- Medical insurance may be preferable for healthy individuals needing cost-effective insurance cover for emergencies or specific events.

BUT DID YOU KNOW?

Most private hospitals may not accept patients without upfront payment or a recognised medical aid, making medical aid suitable if you want to access private medical care with ease.

TERMS YOU SHOULD KNOW

Prescribed Minimum Benefits (PMBs)

A set of conditions that all medical schemes must cover, including treatment and diagnosis for chronic and emergency conditions.

Late-Joiner Penalty

A surcharge is applied if you join a scheme after the age of 35 without prior medical aid membership.

Waiting Period

A set time during which certain benefits are not accessible, especially for new members or those with specific medical conditions.



Co-Payment

An upfront, out-of-pocket amount that the member must pay before the medical aid covers the remaining cost of a procedure or treatment.

Pre-authorisation

Permission is required from your scheme before undergoing a planned specific medical procedure.

MEDICAL AID SCHEMES IN PRACTICE & THEIR LIMITATIONS

Members of medical aid schemes have access to a defined list of services, with payments made directly to healthcare providers or reimbursed to members who already paid providers in full – up to a specified rate known as the medical scheme rate (MSR). These may include:

- Hospital care
- Chronic disease management
- GP and specialist consultations
- Cover for specific medical procedures and medication

Funds are pooled to support all members who are a part of the scheme, allowing for access to private healthcare regardless of age or current health condition.

This model ensures that essential medical needs are met without exposing members to the full actual cost of treatment. With that being said, although a portion of the medical costs are covered, they are covered as per the medical scheme rate.

Should the specialist charge more than this rate, there will be a shortfall that will need to be covered by the individual.

If you'd like to learn more about TRA's gap cover >>CLICK HERE<<

Note: This article is provided for your general information only and may not be construed as medical advice or instruction. No action or inaction should be taken based solely on the contents of this information; instead, readers should consult appropriate health professionals and/or intermediaries on any matter relating to their health and well-being. The information and opinions expressed here are believed to be accurate, based on the best judgement available to the authors at the time, and readers who fail to consult with appropriate health or financial authorities assume the risk of any injuries and/or liabilities. Errors and Omissions Excepted. Terms and Conditions Apply.

THE ROLE OF GAP COVER

Gap cover exists to address these shortfalls and differences, especially for in-hospital coverage and co-payments.

It's important to note that gap cover does not replace medical aid but complements it, ensuring you're not left with unexpected medical expenses due to medical aid shortfalls.

MAKE AN INFORMED CHOICE

Choosing between medical aid and medical insurance should be based on an honest evaluation of your budget, health status, and healthcare services needs.

If you want comprehensive coverage and protection from high medical costs, a medical aid scheme is often the better route to go.

However, if you're not able to fit it in the budget, you're healthy and just want cover for major incidents, medical insurance may provide sufficient financial cover at a lower premium.

For many, combining medical aid with gap cover can offer the best overall coverage, ensuring timely treatment, while also protecting against high out-of-pocket expenses.



BOOK YOUR FOUR BALL!

TRA/BIS Celebrity Golf Challenge to raise money for local charities.

The TRA/BIS Celebrity Golf Challenge – a prestigious annual event that aims to raise funds for youth sports development – will take place on Thursday, 28th August, 2025, at The Els Club, Copperleaf Golf and Country Estate, Mrandi, Centurion, regarded as one of Gauteng's championship layouts and the venue that has hosted two European Tour events.

Run under the auspices of Border Icons in Sport (BIS), their motto is 'Restoring the Soul and Dignity of Communities through Sport'. This distinguished initiative is proudly supported by TRA, as the headline sponsor, and representing a unique opportunity to enjoy a day

of golf with some of the biggest names in sports, entertainment and business.

Plus, there are amazing prizes to be won, the opportunity to bid on exclusive items and network with influential people.

The beneficiaries of last year's event were the Barnes-Prince Foundation and the South African Women and Sports Foundation, each of which received 10k as well as BIS and their network of beneficiaries.

Whether you participate as a sponsor, or as a player, the Celebrity Golf Challenge promises to be another fun-filled day with a special purpose. Hope to see you there!

BOOK YOUR FOURBALL!

It's the 3rd TRA CELEBRITY GOLF CHALLENGE

When: 28th August 2025
Where: The Els Club, Copperleaf Country Estate, Centurion

Shotgun start 11h30, 4-ball alliance
2 scores to count

R8000 per fourball includes green fees, carts, gala dinner and prizegiving

Contact
Gregory Fredericks
gregf Fredericks54@gmail.com - +27 82 460 3154

Rina Wheeler
rinaw@totalrisksa.co.za - +27 82 953 0072

TRA
www.totalrisksa.co.za

BORDER ICONS IN SPORT



SA'S MATT SATES TO RACE IN WORLD AQUATICS CHAMPIONSHIP

The World Aquatics Championships began in Singapore, on July 11, 2025. This prestigious event, which showcases the world's top talent in both pool swimming and open water events, will feature elite competitors, among them, South Africa's own Matt Sates, who will be racing in the 200-meter and 400-meter events, including the individual medley.

Matt recently demonstrated his prowess at the South African Championships in Port Elizabeth, where he claimed five medals, offering a glimpse of his world-class potential. In Matt's own words: "I'm on the recovery path and haven't quite hit my straps yet, but I'm happy with my overall position."

Since then, Matt has been training in Switzerland, benefiting from altitude training in the Swiss Alps, which could give him a competitive edge when racing at sea level in Singapore.

Warren Gates, Marketing Executive at Total Risk Administrators, shared insights from a recent conversation with Matt: "Despite the recent heatwave in Europe, Matt's training schedule remains on track. He sees the World Championships as a key milestone on his journey toward qualifying for the Los Angeles 2028 Olympics. He emphasised that we'll witness the very best in Singapore, with powerhouse nations like Australia, USA and Great Britain, expected to bring their A-game." We extend our best wishes to him and the entire South African team. Everyone at TRA will be cheering them on, glued to our screens and proud to support our athletes every step of the way.



GET YOUR GAME ON

Welcome to **Padel ZA Digimag**, South Africa's Ultimate Digital Hub for all things Padel. The exhilarating sport of padel has taken South Africa by storm – and Padel ZA Digimag is here to ride the wave! We're proud to be the country's first digital padel magazine and online platform dedicated exclusively to the growing padel community.

This bi-monthly publication, launched at the end of June 2025 and is distributed point is via a database of 15 000+ padel players nationally.

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PUBLICATIONS



TRA BIS PRIMARY SCHOOL FOOTBALL TOURNAMENT, A HUGE SUCCESS!

The exciting joint venture between TRA and Border Icons in Sport, that is aimed at promoting youth development, teamwork and social inclusion through football, officially launched on Friday 11 April at the A W Barnes school, with the first-round fixtures kicking off at Parkside Sport Field.

This first-of-its-kind grassroots sports initiative targets learners from disadvantaged communities of Parkside, Buffalo Flats, Pefferville, Vergenoegd, Egoli and Duncan Village, from the Buffalo City Metropolitan region, with the intent of creating a platform for young talent to showcase their skills while fostering school pride and community spirit.

In its second year of a five-year sponsorship deal by TRA, the tournament began with the usual formalities by the Local Organising Committee, including Deon Muller, Geoffrey Gamiet and Pat Lottering, which prior to the event, held several meetings to discuss key issues and recommendations, replanning and formats pertaining to the tournament. They were joined by the BIS Chairman Greg Fredericks, Alan Fritz, Shaun Kilfoil and Warren Gate, from the sponsors.

Twelve primary schools from the previous year

participated, with eight schools also registering a girls' team. Matches then followed to be played on a Monday for girls and on a Tuesday for boys, over a six-week period, with all matches being officiated by accredited referees, and fixtures published weekly on Community noticeboards and shared via the Whatsapp school group.

PLAYOFFS AND FINALS

The two top teams from each pool (boys) qualified for the semi-finals, with the semi-finals and finals scheduled for Friday 30 May at the North End Sportsground. In attendance were more of the sponsor team including Geoff du Preez (TRA) and executives from OMT. The action-packed final was then followed by an awards ceremony recognising the top team, top goal scorer, best goalkeeper and player of the tournament for both Girls and Boys.

- Best Goalkeeper Girls:
- Best Goalkeeper Boys:
- Golden Boot Girls:
- Golden Boot Boys:
- Player of the Tournament Girls:
- Player of the Tournament Boys:

Nasley Arenze(AW Barnes)
Asive Zozi(Duncan Village)
Lynique Valentine(Cranberry)
Alwaba Toto(Cranberry)
Enzokuhle Xele(Cranberry)
Curley Spires(Pefferville)



Trophies were awarded to the Overall Tournament winners, Players of the tournament, Golden Boot and Best Goalkeeper.



A huge thanks to the match officials. The medals and trophies on display.



Enthusiastic support from local schools made all the difference.



Gold, Silver and Bronze medals were sponsored by TRA.



CoverCubed, OMT and TRA in attendance.

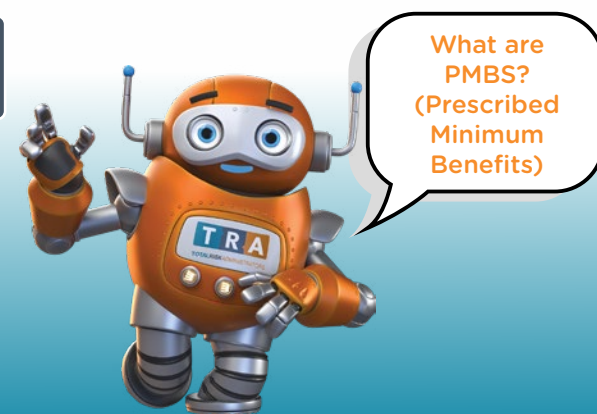


BIS-TRA U/13 SOCCER LEAGUE
Cranberry Primary
Winners - U/13 Girls -2025

Galaxy S24

Cranberry Primary - Girls Winners

Prescribed Minimum Benefits



Prescribed Minimum Benefits (PMBs) are a set of defined benefits to ensure that all medical scheme members have access to certain minimum health services, regardless of the benefit option they have selected. The aim is to provide people with continuous care to improve their health and wellbeing and to make healthcare more affordable.

PMBs are a feature of the Medical Schemes Act, in terms of which medical schemes have to cover the costs related to the diagnosis, treatment and care of:

Any emergency medical condition; A limited set of 270 medical conditions; and 25 chronic conditions defined in the Chronic Diseases List (CDL).

Medical schemes must pay in full, without a co-payment or the use of deductibles, for the diagnosis, treatment and care costs of the Prescribed Minimum Benefit conditions. The medical scheme cannot use your medical savings account to pay for Prescribed Minimum Benefits. Each option offered by a medical scheme must make provision for the Prescribed Minimum Benefits, including hospital plan options.

DOES MY TRA GAP COVER POLICY COVER PMBS?

YES!!!

We cover claims for non-emergency PMB booked procedures.

Emergency PMB procedures must be reviewed by your medical aid first. Should your medical aid decline PMB cover at cost, the medical aid decision letter must be submitted to TRA for the claim to be processed.

Terms and conditions, waiting periods and benefit limitations may apply.

REFER AND EARN!

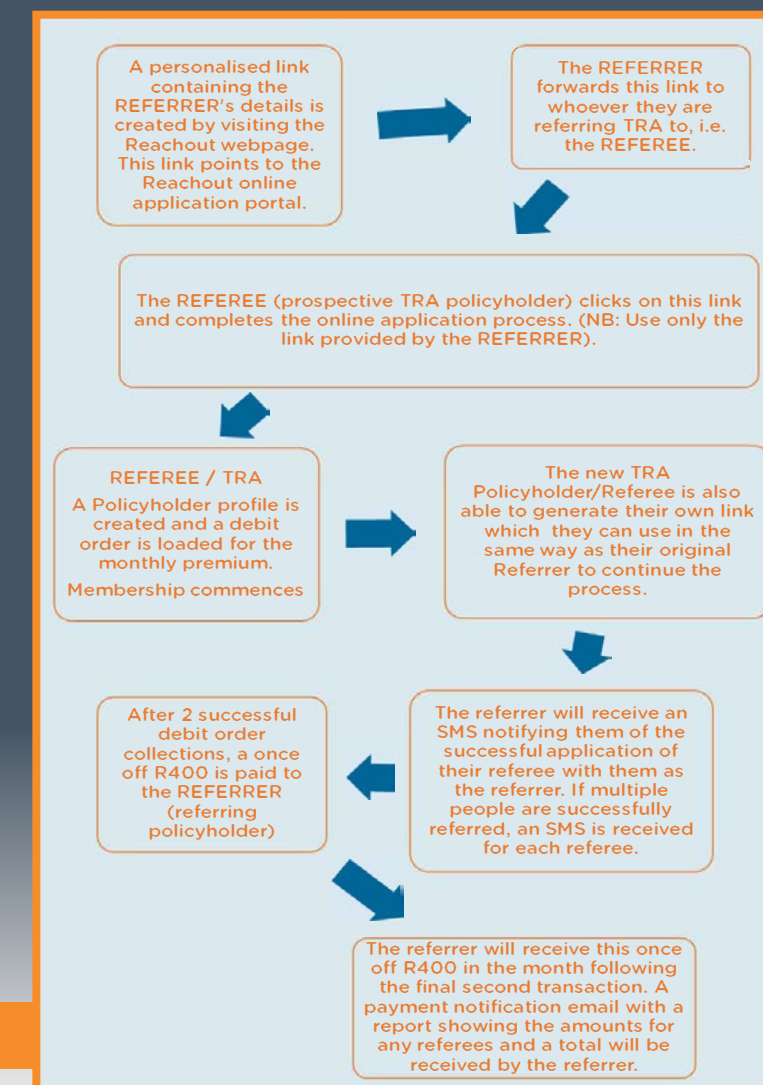
TRA "REACHOUT" REFERRAL PROGRAM – Our Gap Cover policyholders, who are not registered with brokers, are reminded of the **REACHOUT** campaign, whereby you can refer TRA to your family, friends and colleagues and if they sign up you will receive a once-off payment of **R400 per referral**.

Remember, you will be helping those near and dear to you to be covered for those unbudgeted in-hospital shortfalls.

Click HERE for further information on the Reachout webpage. A personalised referral link has also been emailed to you previously, but should you not be able access to this link, please contact membership@totalrisksa.co.za or call (011) 372-1540 for assistance.

Terms and conditions apply.

HOW IT WORKS >>>



Welcome to our TRA Support Line on WhatsApp

How do I access the support line?

1. Create a contact on your phone and call it TRA Support Line with number 079 942 3914.
2. Go to WhatsApp on your phone and search for the TRA Support Line contact.
3. Start a chat by typing in the word "Hi".

Now you can:

1. See your latest member claim statement.
2. See Your Gap Cover Policy Document.
3. Read the "How to Claim" Guide.
4. See how to Register on the Member Portal.
5. Chat to an agent (Mon - Thurs from 8:15 - 16:15 and Fri from 8:15 - 15:15).
6. Go to the TRA website.



TOTALRISKADMINISTRATORS

Auto&General

Underwritten by: Auto&General Insurance Company Limited. A licensed non-life Insurer Financial Services Provider - Reg No 1973/016880/06

Errors and Omissions Excepted. Terms and Conditions apply. This infographic does not constitute advice. TRA (Total Risk Administrators Pty Ltd) is an authorised Financial Services Provider - FSP No 40815

COMPETITION

WIN a Philips Airfryer 1000 Series 6.2L!

To enter, go to
www.totalrisksa.co.za/care

and answer the following question:

TRUE OR FALSE:
Can claims be submitted via TRA's website and mobile app?

Powered by:



www.totalrisksa.co.za

Click [HERE](#) to read the terms and conditions.



CONGRATULATIONS to Mr U Phillip, from Phoenix, KZN who is the winner in our Nespresso CitiZ and Milk coffee machine competition!

A huge thank you to everyone who entered - stay tuned for more exciting giveaways!

Left: Here we see our Head of Communication, Warren Gates handing the gift to Mr Phillip, who also happens to be a proud TRA policyholder for 5 years already.

COMPLIANCE
CORNER


What to look for in your Compliance Officer?

When selecting an external FAIS compliance officer, it is critical to assess both regulatory credentials and practical suitability to ensure your business remains compliant and well-supported. Here's a detailed checklist of what to look for:

1. Authorisation by the FSCA - check the FSCA website.
2. Relevant Experience - ask about current and previous clients.
3. Knowledge of the FAIS Act & Related Legislation - a sound understanding of FAIS, TCF, COFI etc.
4. Communication & Training Skills - it's not just the theory side but also if they can make practical processes for your business.
5. Monitoring & Reporting Capabilities - how will they provide reports, actions and to dos?
6. Systems & Tools - are they tech savvy?
7. Customised Approach - avoid a one size fits all. It must work for you and your business.
8. Fees and Contract Terms - what's included i.e. do you have to pay for profile changes and rep changes?
9. References & Reputation - request references or testimonials from other FSPs.

Brought to you by  NFS GROUP



NEWSFLASH!

National Treasury recently released their demarcation press release which contains, amongst others, the legislated figures applicable to the maximum amount we can cover per insured person per annum. This figure is R219 845.

[CLICK HERE TO READ MORE](#)



ON A LIGHTER NOTE...

A doctor that had been seeing an 80-year-old woman for most of her life finally retired. At her next checkup, the new doctor told her to bring a list of all the medicines. As the young doctor was looking through these, his eyes grew wide as he realized she had a prescription for birth control pills. "Mrs. Smith, do you realize these are BIRTH CONTROL pills?" Mrs. Smith answered "Yes, they help me sleep at night." "Mrs. Smith, I assure you there is absolutely NOTHING in these that could possibly help you sleep!" She reached out and patted the young Doctor's knee. "Yes, dear, I know that. But every morning, I grind one up and mix it in the glass of orange juice that my 16 year old granddaughter drinks..... And believe me, it helps me sleep at night."



Doctor: I'm afraid you're dying and you don't have much time.

Patient: oh no, that's terrible. How long have I got?

Doctor: 10

Patient: 10? 10 what? Months? Weeks? What?

Doctor: 10...9...8...7...

SCOOPWHOOP.COM

A patient goes to the doctor and requests a prescription for arsenic. The doctor says "Are you crazy? Arsenic is poisonous and no one uses it any more. I'd lose my license if I did that, and you... you... you'd get terribly ill... and why are you asking for arsenic in the first place? What disease do you think you have?". The patient says nothing and just hands the doctor a photo. It's a photo of the patient's wife in bed with the doctor's husband. The doctor replies, "Is generic OK?"



What's a VIOLIN without a BOW?

A violin needs a bow to make music.
Gap Cover is the bow to your Medical Aid.



They need each other to protect you from shortfalls.
Get Gap Cover before you need it.



T's & C's apply.
www.totalrisksa.co.za

