Thank you for participating in the 2026 virtual Annual General Meeting ("AGM") of Bonitas Medical Fund ("Bonitas / Scheme") held on 19 August 2026 in respect of the financial year ending 2025 and posting your questions during the meeting. Below are the questions received together with answers. It should be noted that all technical-related questions with regards to access, sound, etc. were dealt with on the day by the technical team and therefore not included below. In addition, all questions received that contained information of a personal nature or related to a specific member, will be handled with that member directly to protect their privacy and are therefore also not included below.

Should you have any further queries please contact:

- BonCap and BonCore options, 0861 239 333 or email **PHAqueries@bonitas.co.za**.
- All other options, 0860 002 108 or email **queries@bonitas.co.za**.

1. What is the main contributor to other income and where can members find the schedules detailing Directors', Trustees' and Audit fees? why were these not presented at AGM or did I miss it?

   The major contribution to other income is interest and dividends from the Scheme's investments. The breakdown is provided on Note 16 of the Annual Financial Statements. The Directors and Trustees are listed on pages 68 to 70, while the Trustees' fees schedules are listed under Note 18.3 of the Annual Financial Statements.

2. Bonitas' NHE ought to be less than 9% and members need yearly cost of living increases, please.

   Bonitas' NHE for 2025 was 9.17%, which was lower than the 9.35% for 2024. Bonitas' NHE fees are actually lower than the industry average and the Scheme continues to manage these costs to ensure that members receive value while maintaining the sustainability of the Scheme.

3. I am on the Standard plan and receive a R5000 Benefit Booster p.a. Why must this be used first once activated, instead of only when the relevant sub-categories have been depleted? This would be more ideal for members as the medicine and blood sub-categories usually end up being depleted early. The Benefit Booster may otherwise be used for expenses such as doctor visits, where funds are still available. Could the Scheme consider changing the Benefit Booster rules so that it is only used once a relevant sub-category has been depleted?

Out-of-hospital claims like GP visits, over-the-counter medicine, X-rays, blood tests and more will first pay from the available Benefit Booster amount, helping your day-to-day benefit or savings last longer.

4. Can there not be a special plan for pensioner members and their respective needs?

   Our product range is designed to cater for a variety of healthcare needs and affordability levels, and we continually assess our products and benefits to ensure they remain relevant to our members, including pensioners. As an open medical scheme, however, our products operate within the regulatory framework governing medical schemes, including the principle of community rating, which does not allow contributions to be based on an individual member's age or health status.

5. Will Bonitas seriously consider a wellness programme with major gyms e.g. Virgin Active for a discount on fees like Discovery to encourage members to exercise and take their health seriously. 10% does not help at all as membership fees are a lot.

   We'll take your suggestion into account for our B Value & Wellbeing offering. Keep an eye out for our 2027 offerings and benefit changes.

6. How do you manage network doctors and specialists and their rates?

   Network doctors and specialists are managed through a structured provider network that focuses on quality, accessibility and affordability. Providers are vetted and contracted before joining the network, with reimbursement rates agreed upfront and reviewed periodically to ensure they remain sustainable and aligned with market conditions. Provider performance is also monitored through claims data, member feedback, service quality indicators and compliance requirements to ensure members continue to receive quality, cost-effective healthcare.

7. Is there a plan to have any physical contact AGM, if so when will be?

   The Board has considered the request for a return to in-person AGMs but has decided to continue hosting them virtually. Virtual AGMs provide greater accessibility, allowing members across South

   Africa to participate, ask questions and vote without having to travel. They are also more cost-effective, allowing the Scheme to use members' funds responsibly while maintaining benefits and managing costs.

8. As a 77-year old pensioner, my monthly premium is the same as a 40-year old BonComprehensive. Does my age impact negatively on Bonitas? If contributions are not age-based, why is an ageing membership often identified as a major cost driver, particularly when many pensioners have contributed to the Scheme for many years?

As an open medical scheme, contributions are not based on an individual's age or health status, but on the plan selected and, where applicable, income band. At Scheme level, however, older members generally have higher healthcare needs and claims costs, which is why an ageing membership is considered a cost driver. This refers to overall healthcare utilisation trends and does not diminish the value or contribution of individual pensioners many of whom have been loyal members of the Scheme for many years. Rather, it reflects overall healthcare utilisation and claims trends across the membership.

9. With regards to the National Health Insurance (NHI), when does Bonitas expect it to be fully implemented, and what is Bonitas' short term, medium term and long-term strategies in managing and dealing with this imperative relative to how it is managed in the United Kingdom.

The NHI is currently the subject of several court challenges, and it would therefore be speculative to predict when, or if, it will be fully implemented.

Bonitas supports the principle of universal access to quality healthcare. We believe that both the public and private healthcare sectors have an important role to play in achieving this, particularly in addressing gaps in infrastructure, capacity and access. We also believe there should be scope for individuals who have the means to choose and purchase additional healthcare cover.

In the meantime, Bonitas continues to operate within the current regulatory environment and remains focused on providing sustainable, accessible and quality healthcare to its members.

10. What Gap Cover is available from Bonitas?

The B Value & Wellbeing Programme, BGAP, is available to all Bonitas members and provides a tailored, discounted gap cover solution.

There are three options available:

- BGAP START

An entry-level, cost-effective option (plan dependent). Starting from R140.

- BGAP PRIMARY

More comprehensive cover. Starting from R238.

- BGAP SUPREME

A premium offering. Starting from R289.

For more information, visit www.bonitas.co.za/b-value.

11. What is the role of brokers? I had asked a representative of my broker at the end of last year but not received a response.

    Under the South African Medical Schemes Act (131 of 1998), a broker acts as an accredited intermediary who provides professional advice, assists with joining a scheme, and offers ongoing member support.

12. Bonitas increases are unsustainable for pensioners.

    Bonitas determines its annual contribution increases by taking into consideration the Council for Medical Schemes' recommended product development guidelines, together with rising healthcare costs, claims trends and other factors that impact the sustainability of the Scheme.

13. What necessitated the appointment of Momentum as the Scheme's administrator? I had understood Momentum to be a medical scheme. Is this a merger / amalgamation and what necessitated their appointment?

    Following the Bonitas procurement process, Bonitas appointed Momentum Health as its administration partner and Private Health Administrators (PHA) as its managed care provider, effective 1 June 2026, to strengthen the Scheme's capabilities and support long-term sustainability and member experience.

    This is not a merger or amalgamation. Momentum Health provides administration services to Bonitas, which remains a separate medical scheme with its own members. The partnerships will strengthen service delivery, digital capabilities and operational efficiency to better meet members' evolving needs.

14. Why do sponsorships seem to be arranged for medicine students at SMU? What about other health care students?

    Bonitas' CSI initiatives, in partnership with Gift of the Givers, are focused on improving the overall health and wellbeing of all South Africans, with particular emphasis on providing relief to vulnerable and marginalised communities through healthcare interventions.

15. Was the change in administrators put out on tender and was due diligences done by the Board on all entities that submitted their bids? What was the outcome?

    The change in the administrator was the subject to an open RFP process. In terms of the Medical Schemes Act, a medical scheme is required to follow a tender process when considering a change to its administrator.

The administrator must be duly accredited by the Council for Medical Schemes. It is important to note that only accredited administrators are eligible to render administration services.

Bids were received from various entities. Following an assessment of the bids, a shortlist was developed, after which the relevant due diligence processes were conducted on the shortlisted entities. The outcome of this process informed the Board's decision to appoint the successful administrator.

16. Kindly provide and explain more about the non-compliance with the MSA referred to on page 87 of the Integrated Report.

Non-compliance issues are those matters that the Scheme and its auditors have identified as not strictly complying with the provisions of the Medical Schemes Act. In order to ensure transparency, where these are identified, the Scheme and its auditors proactively report these non-compliance matters to the regulator and include them in the Integrated Report so that members are aware of the reasons for the non-compliance.

The non-compliance issues on page 87 of the Scheme's Integrated Report relate to matters which are common in the industry. This Scheme, along with other medical schemes routinely report them as such. These are technical non-compliance issues which do not have a material impact on the operations of the Scheme. They are reported and explained to the regulator and are disclosed in the Integrated Report.

17. My monthly contribution is R11 068. I only used R27 000 in 2025, but I can't get a hearing aid.

We believe it is important for members to understand that medical aid cover is similar to insurance cover. This means that you are paying for risk cover. Your medical aid provides cover for various illnesses, the vast majority of which will not arise for each member.

Your cover is subject to the benefits and limits of your chosen option. You can only access the benefits to which you are entitled under your option.

18. Why are two companies needed for auditing?

Medical schemes use both internal and external auditors to ensure financial health, legal compliance, and trust. Internal auditors work inside the organisation to check daily operations, find risks, and fix control issues. External auditors work independently from outside the company to give an unbiased review of the final financial statements.

The internal audit function reports to the Scheme's Audit and Risk Committee, which forms part of the governance structures of the Scheme in terms of the Medical Schemes Act. The internal audit function therefore provides ongoing oversight of the Scheme's internal controls, processes and risk management.

The external auditor is required to be appointed in terms of the Medical Schemes Act and is there to independently audit the scheme's processes and financial information. The external auditor also has reporting obligations to the regulator.

Therefore, the functions of internal and external audit are very different, but together they create various layers of oversight and professionalism to ensure that the Scheme remains financially sustainable and that it acts in accordance with the ambit of the regulatory environment.

19. Who is paying for the 600 additional personnel employed to help solve the enormous problems created by the administration changeover?

You will have received an overview of the transition to the new administrator during the AGM proceedings. Further to what was explained, we advise that the administrator is contracted to the Scheme at a fixed cost per month.

Therefore, where the administrator requires additional resources, or incurs additional expenses, these will be for the account of the administrator.

20. We understand that changes have happened, but why change the nature of the statements we get? The statement doesn't indicate the benefits and utilisation in totality. We were advised that this information is available on the app, but it isn't. How can I avoid unnecessary costs if I have no idea of how my benefits stand to date?

We have received feedback from members that they prefer the previous statement format. We have addressed this issue with the new administrator, and the statements are being adjusted to align with the previous version. We trust that members will find the revised statements more useful and that they will provide the information members need to better understand their benefits and utilisation .

21. What are the trustee benefits?

Trustees do not receive any special healthcare benefits by virtue of serving as trustees. The healthcare benefits available to trustees are the same as those available to any member enrolled on the relevant benefit option.

Trustees are, however, remunerated for the execution of their duties in accordance with the Scheme Rules and applicable governance requirements. Their primary responsibility is to act in the best interests of the Scheme and its members, ensuring that the Scheme is managed in compliance with the Medical Schemes Act and the Scheme Rules.

22. Is it not possible to hold the AGM within 6 Months after 31 December as in line with all other major organisations.

The timing of the Scheme's Annual General Meeting (AGM) is determined by the Scheme Rules, which are registered and approved in terms of the Medical Schemes Act.

23. To what extent was AI used in the audits completed and assured by Deloitte?

The Scheme does not have visibility of, nor does it direct, the specific tools, technologies, or methodologies utilised by the external auditor in conducting the audit. The audit approach, including

the use of any data analytics, automation, or artificial intelligence (AI) tools, remains the responsibility of the appointed audit firm and is applied in accordance with its professional standards, policies, and quality control processes. The Scheme's focus is to ensure that the external audit is conducted independently and in compliance with applicable auditing and regulatory requirements.

24. Good day, please advise if you can't introduce cash back plans if you don't claim for a certain period.

    Medical schemes are regulated by the Medical Schemes Act, which does not permit medical schemes to offer cash-back benefits or refunds to members for not claiming over a specified period. Scheme contributions are pooled to fund healthcare benefits for all members in accordance with the regulatory framework governing medical schemes in South Africa.

25. How does the Company's Audit Committee ensure external auditor independence when re appointing or evaluating Deloitte & Touche'?

    The Audit and Risk Committee evaluates the independence of the external auditor annually as part of the reappointment process. In recommending the appointment of Deloitte & Touche as external auditor for the audit of the financial statements for the year ended 31 December 2026, the Audit and Risk Committee applied the Council for Medical Schemes' Audit Quality Indicators and considered factors including the independence of the audit firm and engagement partner, tenure, audit quality, and technical competence. Based on this assessment, the Audit and Risk Committee was satisfied that auditor independence had been maintained and recommended the reappointment, which was subsequently endorsed by the Board.

26. What specific transition or joint-audit framework is utilized if the firm is rotating in response to sector-specific financial regulations?

    The Scheme does not utilise a joint-audit framework. The appointment and transition of external auditors are managed in accordance with regulatory requirements, governance best practices and under the oversight of the Scheme’s Audit and Risk Committee, to ensure an effective, independent, and seamless audit process.