sasolmed

THE DIABETES CARE PROGRAMME AND YOUR COVER FOR DIABETES 2024

Who we are

Sasolmed (referred to as 'the Scheme'), registration number 1234, is a non-profit organisation registered with the Council for Medical Schemes. Discovery Health (Pty) Ltd (referred to as 'the Administrator') is a separate company and an authorised financial services provider (registration number 1997/013480/07). Discovery takes care of the administration of your membership for the Scheme.

Overview

Diabetes mellitus, commonly known as diabetes, is a chronic condition that can lead to severe complications like kidney failure, blindness, and heart attacks if left untreated. However, proper management of diabetes can significantly reduce the risk of these complications. This benefit guide gives you a general idea of your coverage for diabetes. Additionally, it provides more information on our Diabetes Care Programme.

About some of the terms we use in this document

There may be some terms we refer to in the document that you may not be familiar with. Here are the meanings of these terms:

TERMINOLOGY	DESCRIPTION
Chronic Illness Benefit (CIB)	The Chronic Illness Benefit (CIB) covers you for a defined list of chronic conditions. You need to apply to have your medicine and treatment covered for your chronic condition.
Chronic Disease List (CDL)	A defined list of chronic conditions we cover according to the Prescribed Minimum Benefits (PMBs).
Designated Service Provider (DSP)	A healthcare provider (for example GP, specialist, pharmacist, or hospital) who we have an agreement with to provide treatment or services at a contracted rate. Visit sasolmed.co.za to view the full list of DSPs.
Scheme Tariff	This is the tariff we pay for healthcare services from hospitals, pharmacies, healthcare providers and other providers of relevant health services.
Emergency medical condition	An emergency medical condition, also referred to as an emergency, is the sudden and, at the time unexpected onset of a health condition that requires immediate medical and surgical treatment, where failure to provide medical or surgical treatment would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part or would place the person's life in serious jeopardy.

TERMINOLOGY	DESCRIPTION
	An emergency does not necessarily require a hospital admission. We may ask you for additional information to confirm the emergency.
HealthID	HealthID is an online digital platform that gives your healthcare provider fast, up-to-date access to your health information. Once you have given consent, your healthcare provider can use HealthID to access your medical history, make referrals to other healthcare providers and check your relevant test results.
ICD-10 diagnosis code	A clinical code that describes diseases, signs and symptoms, abnormal findings, complaints, social circumstances and external causes of injury or diseases, as classified by the World Health Organisation (WHO).
Premier Plus GP	A Premier Plus GP is a network GP who has contracted with us to provide you with coordinated care for defined chronic conditions.
Prescribed Minimum Benefits (PMBs)	In terms of the Medical Schemes Act of 1998 (Act No. 131 of 1998) and its Regulations, all medical schemes have to cover the costs related to the diagnosis, treatment and care of: • An emergency medical condition • A defined list of 271 diagnoses • A defined list of 27 chronic conditions To access PMBs, there are rules defined by the Council for Medical Schemes (CMS) that apply: • Your medical condition must qualify for cover and be part of the defined list of PMB conditions • The treatment needed must match the treatments in the defined benefits • You must use DSPs. This does not apply in emergencies. However, even in these cases, where appropriate and according to the rules of the Scheme, you may be transferred to a hospital or other service providers in our network once your condition has stabilised. If you do not use a DSP we will pay up to the Scheme Tariff. The difference between what we pay and the actual cost of your treatment will be for your own cost.

TERMINOLOGY	DESCRIPTION
	• If your treatment doesn't meet the above criteria, we will pay according to your network option benefits.

Diabetes Care Programme

This programme together with your Premier Plus GP, will help you actively manage your diabetes. The programme gives you and your healthcare provider access to various tools and additional benefits to monitor and manage your condition and to ensure you get high quality coordinated healthcare and improved outcomes.

About joining the Diabetes Care Programme

• If you have been diagnosed with and registered on the Chronic Illness Benefit (CIB) for diabetes, you have access to the Diabetes Care Programme. A Premier Plus GP can enrol you on the Diabetes Care Programme through HealthID, provided that you give consent to do so
• If you a member on the Restricted Network Option, you must be enrolled by your nominated Preferred General Practitioner (PGP) who is also participating in the Restricted Network.

Visit **sasolmed.co.za** to find a healthcare provider on the network.

Your GP will work with you to manage your condition

The Diabetes Care Programme is based on clinical and lifestyle guidelines. Through the programme, you and your healthcare provider can agree on key goals and track your progress on a personalised dashboard on HealthID, displaying your unique Diabetes Management Score. This will help to identify which areas require attention so that you and your healthcare provider can improve the management of your condition.

In addition to the standard treatment basket of procedures and consultations available to members registered on the Chronic Illness Benefit for the management of diabetes, members who join the Diabetes Care programme will have access to the following additional benefits:

• A biokineticist consultation to ensure that you obtain the best advice about exercise, tailored to your needs. To make sure that we fund this from the correct benefit, please ask your biokineticist to claim the code DCARE and include the ICD-10 diagnosis code on the claim
• An additional dietitian consultation to ensure that you obtain the best advice about nutrition. To make sure that we fund this from the correct benefit, please ask your dietitian to claim the most appropriate code from the table below and include the ICD-10 diagnosis code on the claim.

PROCEDURE CODE	DESCRIPTION
84200	Nutritional assessment, counselling and/or treatment. Duration: 1-10min
84201	Nutritional assessment, counselling and/or treatment. Duration: 11-20min
84202	Nutritional assessment, counselling and/or treatment. Duration: 21-30min
84203	Nutritional assessment, counselling and/or treatment. Duration: 31-40min
84204	Nutritional assessment, counselling and/or treatment. Duration: 41-50min

- You will have access to additional blood glucose test strips per year. Blood glucose test strips that are on our formulary will be funded in full up to the Scheme Tariff
- You may qualify for access to a diabetes educator to help you with your day-to-day diabetes management.

Complaints process

You may lodge a complaint or query with Sasolmed directly on **0860 002 134** or send an email to enquiries@sasolmed.co.za. If the query or complaint remains unresolved, you may address a complaint in writing to the Principal Officer. Please be sure to include the reference number obtained through the process with the Administrator.

Should your complaint still not be resolved to your satisfaction, you may lodge a formal dispute by following the Scheme's internal disputes process, as explained on the website at sasolmed.co.za.

You may, as a last resort, approach the Council for Medical Schemes for assistance: Council for Medical Schemes Complaints Unit, Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion, 0157 / **0861 123 267** / complaints@medicalschemes.co.za / www.medicalschemes.co.za

Contact us

You can find other important information on our website at sasolmed.co.za or contact us on **0860 002 134**.