

Medical Benefit Fund



Your cover for
diabetes and the
**Diabetes
Cardiometabolic
Care Programme**
2022



Administered by
 **Discovery**
Health

ABOUT THIS GUIDE

This benefit guide gives an overview of your cover for diabetes and information on our Diabetes Cardiometabolic Care Programme.

CONTACT DETAILS FOR QUESTIONS

If you have questions or need help with diabetes-related issues, you can contact us by:

- Phone: 0860 444 439
- Email: Members_DCI@discovery.co.za

THE DIABETES CARDIOMETABOLIC CARE PROGRAMME

We understand that living with diabetes comes with many challenges and requires daily efforts to manage. The Fund's Diabetes Cardiometabolic Care Programme brings together a team of health professionals to ensure you get high-quality coordinated healthcare and improved outcomes.

You also have access to various tools and extra benefits to monitor and manage your condition, as well as dedicated care navigators to help with all your diabetes-related needs.

Contact one of your care navigators:

Call 0860 444 439 or email Members_DCI@discovery.co.za if you have any questions.

Remember, if left untreated, diabetes may result in serious complications. We are here to help you navigate the diabetes management journey.

HOW TO JOIN THE DIABETES CARDIOMETABOLIC CARE PROGRAMME

If you are registered on the Chronic Illness Benefit for diabetes, you automatically have access to the Diabetes Cardiometabolic Care Programme through your chosen Premier Plus GP.

If you are not yet registered, ask your doctor to help you get started.

CHECK IF YOUR DOCTOR IS ON OUR NETWORK

To check if your regular doctor is on the Fund's network, you can:

- Visit www.engenmed.co.za
- Choose Find a healthcare provider on the Discovery app
- Call 0860 444 439
- Email Members_DCI@discovery.co.za

YOUR DOCTOR WILL WORK WITH YOU TO MANAGE YOUR CONDITION

The Diabetes Cardiometabolic Care Programme is based on international and locally accepted clinical and lifestyle guidelines. Through the programme, you and your doctor (who must be on our network) can:

- Agree on key goals
- Track your progress on a personalised dashboard on HealthID (a system for doctors)
- Generate your Diabetes Management Score to help identify which areas to focus on to stabilise your condition and improve your overall health.

If you visit a doctor who is not part of the Premier Plus Network for a chronic condition, you may have to pay part of the cost.

To avoid any co-payments, please choose a network doctor and make sure we always know who your network doctor is. Let us know if anything changes so we can update our records.

- Phone: 0860 444 439
- Email: Members_DCI@discovery.co.za

HOW TO ENGAGE YOUR DIABETES CARE TEAM

You have access to consultations with all these providers:

Provider	Number of consultations covered	What the provider helps you with														
Eye screening	1 per year	Eye screening can be done at an optometrist or ophthalmologist														
Foot screening	1 per year	Managing the risk of foot infections and screening for neuropathy (nerve damage) and poor blood circulation.														
Diabetes coaching	As required	You may qualify for access to a diabetes educator to help you with lifestyle changes and self-management support.														
Dietitian	2 per year	<p>Advice about nutrition.</p> <p>To make sure that we pay this from the correct benefit, please ask your dietitian to claim using the most appropriate code from the table below</p> <table border="1"> <thead> <tr> <th>Procedure code</th> <th>Description and rates</th> </tr> </thead> <tbody> <tr> <td>■ 84200</td> <td>Nutritional assessment, counselling and/or treatment. Duration: 1 – 10min</td> </tr> <tr> <td>■ 84201</td> <td>Nutritional assessment, counselling and/or treatment. Duration: 11 – 20min</td> </tr> <tr> <td>■ 84202</td> <td>Nutritional assessment, counselling and/or treatment. Duration: 21 – 30min</td> </tr> <tr> <td>■ 84203</td> <td>Nutritional assessment, counselling and/or treatment. Duration: 31 – 40min</td> </tr> <tr> <td>■ 84204</td> <td>Nutritional assessment, counselling and/or treatment. Duration: 41 – 50min</td> </tr> <tr> <td>■ 84205</td> <td>Nutritional assessment, counselling and/or treatment. Duration: 51 – 60min</td> </tr> </tbody> </table> <p>The Dietitian must include the ICD-10 diagnosis code on the claim.</p>	Procedure code	Description and rates	■ 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	■ 84205	Nutritional assessment, counselling and/or treatment. Duration: 51 – 60min
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Biokineticist	1 per year	<p>Advice about exercise, tailored to your needs.</p> <p>To make sure that we pay this from the correct benefit, please ask your biokineticist to:</p> <ul style="list-style-type: none"> ■ Claim using the code DCARE ■ Include the ICD-10 diagnosis code on the claim. 														

Other benefits and tools

- **Extra test strips:** The Fund will pay for extra blood glucose test strips each year, if needed. We will pay the full Fund Rate for blood glucose test strips that are on our medicine list (formulary). Blood glucose test strips that are not on our list will be funded up to the monthly Chronic Drug Amount that applies on your specific plan.
- **Rewards for reaching personalised health targets:** You could qualify to get rewarded for achieving your personalised health targets – to do this, download the Discovery app and start *Track Your Health* for details.

ABOUT SOME OF THE TERMS WE USE

There may be some terms we use that you are not familiar with. Here are the meanings of these terms

Term	Description
Care navigators	A dedicated team who will proactively help you to: <ul style="list-style-type: none"> ■ Understand your diabetes-specific benefits ■ Register on our digital tools ■ Choose and engage with health professionals on the full-care team (podiatrist, dietitian and so on) ■ Get the most out of the programme by using the benefits available.
Chronic Illness Benefit	The Chronic Illness Benefit covers you for a defined list of chronic conditions, like diabetes.
Designated service provider (DSP)	General practitioners (GPs) and specialists who: <ul style="list-style-type: none"> ■ Are part of the Discovery Care Coordination Network or the Premier Plus GP Network ■ Have contracted with us to provide you with coordinated care for defined chronic conditions.
Diabetes Cardiometabolic Care Programme	The care programme that opens up benefits to help you throughout your journey. This programme is offered by the Fund and administered by Discovery Care Coordination.
Diabetes Cardiometabolic Care Programme basket of care	<p>Your benefits include:</p> <ul style="list-style-type: none"> ■ Doctor consultations for diabetes and other chronic conditions ■ 1 foot (podiatry) screening per year ■ 1 eye screening per year ■ 1 biokineticist consultation per year ■ 2 dietitian consultations per year ■ Diabetes-related blood tests (pathology) ■ Diabetes coaching and education for high-risk members <p>The Fund pays for medicine, devices and consumables that are listed on the Fund's Chronic Illness Benefit treatment list (formulary).</p>
Emergency medical condition	<p>An emergency medical condition, or emergency, is the sudden – and, at the time, unexpected – start of a health condition that requires immediate medical and surgical treatment.</p> <p>If it is not treated, it could result in:</p> <ul style="list-style-type: none"> ■ A serious impairment to bodily functions ■ A serious dysfunction of a bodily organ or body part ■ A high risk of death. <p>An emergency does not necessarily mean you have to go to the hospital.</p> <p>We may ask you for information to confirm the emergency.</p>
Health coaching	A coaching programme we offer to support you if you are at high risk from diabetes. This is done with your doctor's help.
HealthID	HealthID is an online digital platform that gives your doctor fast, up-to-date access to your health information. Once you have given your doctor consent, they can use HealthID to view your medical history, refer you to other healthcare professionals and check the results of any medical tests you have.
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 Organization (WHO).
Premier Plus GP	A Premier Plus GP is a network GP who has contracted with the Fund to provide you with coordinated care for defined chronic conditions.
Prescribed Minimum Benefits (PMBs)	<p>Under the Medical Schemes Act (No 131 of 1998) and its Regulations, all medical schemes must cover costs for the diagnosis, treatment and care of:</p> <ul style="list-style-type: none"> ■ An emergency medical condition ■ A defined list of 271 diagnoses ■ A defined list of 27 chronic conditions. <p>These are called Prescribed Minimum Benefits.</p> <p>The Council for Medical Schemes has set the following rules for accessing Prescribed Minimum Benefits:</p> <ul style="list-style-type: none"> ■ Your medical condition must qualify for cover and be part of the defined list of Prescribed Minimum Benefit conditions. ■ The treatment needed must match the treatments in the defined benefits. ■ You must use the designated service providers (DSPs) in our network. This does not apply in emergencies. However, even in an emergency, you may be transferred to a hospital or other service providers in our network once your condition has stabilised – if this is possible and in line with the rules of the scheme. ■ If you do not use a designated service provider and it is not a medical emergency, we only pay up to 80% of the Scheme Rate. You have to pay the rest. <p>If your treatment doesn't meet the above criteria, we will pay according to your plan benefits.</p>
Fund Rate	This is a rate that is paid by the Fund for healthcare services from hospitals, pharmacies, healthcare professionals and other providers of health services.

CONTACT US IF YOU HAVE A COMPLAINT

If you have a diabetes-related complaint or issue with Engen Medical Benefit Fund, please contact us so we can help you resolve it. You can reach us by:

- Phone: 0800 4001 615
- Email: service@engenmed.co.za

Or visit www.engenmed.co.za to get help

We will give you a reference number. Please keep this handy in case you need to follow up or register a dispute (see below).

IF YOU ARE NOT SATISFIED WITH OUR RESPONSE, YOU CAN ASK FOR ASSISTANCE FROM THE PRINCIPAL OFFICER

If you're not satisfied with how the administrator responded to your complaint and would like the Principal Officer of Fund to investigate it, you may Email your complaint to service@engenmed.co.za. In your email, please include:

- Information you want the Principal Officer to know
- The reference number you received when you first contacted us.

YOU CAN CHALLENGE THE FINAL DECISION

If you have received a final decision from the Fund and want to challenge it, you may lodge a formal dispute. To see how, visit the website www.engenmed.co.za.

YOU MAY ALSO CONTACT THE COUNCIL FOR MEDICAL SCHEMES

Engen Medical Benefit Fund is regulated by the Council for Medical Schemes. You may contact the Council at any stage of the complaints process, but we encourage you to first follow the steps above to resolve your complaint before contacting the Council.

Contact details for the Council for Medical Schemes:

Phone: 0861 123 267

Email: complaints@medicalschemes.co.za

Website: www.medicalschemes.co.za

Postal address:

Private Bag X34
Hatfield
0028

Physical address:

Block A,
Eco Glades 2 Office Park,
420 Witch-Hazel Avenue,
Eco Park, Centurion
0157

Engen Medical Benefit Fund, registration number 1572, is regulated by the Council for Medical Schemes and administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider.

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