



Your cover for diabetes through the Diabetes care programme

2025



WE'RE IN IT FOR YOUR HEALTH



About this guide

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

CONTACT DETAILS FOR QUESTIONS

If you have questions or need help with your diabetes care benefits, you can contact us by:

- Phone: **0860 444 439**
- Email: **Members_DCP@lahealthms.co.za**

YOUR DIABETES CARE PROGRAMME

We understand that living with diabetes comes with many challenges and requires daily efforts to manage. Our Diabetes 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_DCP@lahealthms.co.za

if you have any diabetes-related questions.

HOW TO JOIN THE DIABETES CARE PROGRAMME

If you are registered on the Chronic Illness Benefit for diabetes, you automatically have access to the Diabetes 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 our network, you can:

- Visit **www.lahealth.co.za**
- Call 0860 444 439
- Email **Members_DCP@lahealthms.co.za**

YOUR DOCTOR WILL WORK WITH YOU TO MANAGE YOUR CONDITION

The Scheme's Diabetes 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)



REMEMBER

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







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 make use of the services of 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.

To update your doctor on our system:

- Call 0860 444 439
- Email **Members_DCP@lahealthms.co.za**

YOU HAVE ACCESS TO THESE BENEFITS

BENEFIT	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	2 per year	Members have access to a diabetes educator to help them with medication, lifestyle changes and self-management support.
 Dietitian	2 per year	Advice about nutrition. To make sure that we pay this from the correct benefit, please ask your dietitian to claim, using the most appropriate code.

OTHER BENEFITS AND TOOLS

- **Extra test strips:** You can have extra blood glucose test strips each year if needed. We will pay up to the Scheme 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 paid up to the monthly Chronic Drug Amount that applies to your specific benefit option.
- **Earn rewards:** You can earn rewards for managing your diabetes well by engaging with your doctor, taking your medication and doing annual screenings for your eyes and feet.



COVER FOR CONTINUOUS GLUCOSE

monitoring sensors

Continuous glucose monitoring (CGM) automatically tracks blood glucose levels, giving you the ability to test your glucose level at any time and better manage your condition. When appropriately prescribed by a doctor in our network, members with type 1 diabetes have cover for continuous glucose monitoring sensors up to a monthly cover amount.

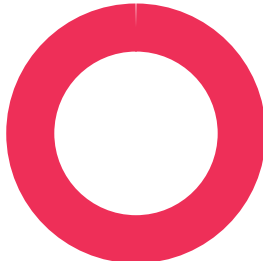
Benefits are available for children and adults who are registered on the Chronic Illness Benefit (CIB) for type 1 diabetes on all Options, except the LA KeyPlus Option. CGM sensors will be funded from your Scheme benefits up to a monthly limit depending on the age of the patient and your chosen benefit option.

	LA FOCUS	LA ACTIVE	LA CORE	LA COMPREHENSIVE
Monthly limit for sensors	R1 890	R1 890	R1 890	R1 890
Annual co-payment for adults	R950	R950	R1 370	R1 370
Annual co-payment for children under 18	R1 890	R1 890	R1 890	R1 890

ACCESS TO DIGITAL MENTAL WELLBEING RESILIENCE COURSE

When you register on the Diabetes Care programme, you have access to a digital mental wellbeing course with SilverCloud, provided by Amwell. When you participate, the SilverCloud offering can help you to become more resilient by learning new ways of thinking, so that you can become stronger and gain a more optimistic viewpoint.

Once you are registered on the Diabetes Care programme, you will receive an invite to start the Digital Mental Wellbeing Resilience Course.



ABOUT SOME OF THE terms we use

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

TERM	DESCRIPTION
Care navigators	<p>A dedicated team who will proactively help you to:</p> <ul style="list-style-type: none"> • Understand your diabetes-specific benefits • Register on our digital tools • Choose and engage with healthcare providers on the full-care team (podiatrist, dietitian and so on) <p>Get the most out of the programme by using the benefits available.</p>
Chronic Illness Benefit	<p>The Chronic Illness Benefit covers you for a defined list of chronic conditions, like diabetes.</p>
Designated service provider	<p>General practitioners (GPs):</p> <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 Care Programme	<p>The care programme that opens up benefits to help you throughout your diabetes care journey. This programme is administered by Care Management Team.</p>
Diabetes Care Programme basket of care	<p>Includes</p> <ul style="list-style-type: none"> • Doctor consultations for diabetes and other chronic conditions • 1 foot screening a year • 1 eye screening a year • 1 biokineticist consultation a year • 2 dietitian consultations a year • Diabetes-related pathology (blood tests) • Diabetes coaching and education <p>We pay for medicine, devices and consumables that are listed on the Scheme'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 hospital.</p> <p>We may ask you for information to confirm the emergency.</p>
Diabetes coaching	<p>A coaching programme we offer to support living with diabetes. Ask your doctor if they provide this service, alternatively find a Diabetes Educator on the Find a Provider tool on the website.</p>
HealthID	<p>HealthID is an online digital platform that gives your doctor fast, up-to-date access to your health information.</p> <p>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 had.</p>

TERM	DESCRIPTION
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). Your doctor must use the correct ICD-10 codes to claim from the Scheme.
Premier Plus GP	A Premier Plus GP is a network GP who has contracted with the Scheme 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 the Scheme's network. This does not apply in emergencies. However, even in an emergency, you may be transferred to a hospital or other service providers in the 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, the claims will be paid according to your Option's benefits.</p>
Scheme Rate	This is a rate the Scheme pays 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 complaint or issue with the Scheme, please contact us so we can help you resolve it. You can call us on 0860 103 933 or email service@discovery.co.za or visit www.lahealth.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 THE PRINCIPAL OFFICER TO RESPOND

If you're not satisfied with how your complaint was dealt with by the administrator and would like the Principal Officer of the Scheme to investigate, you may lodge your complaint.

YOU CAN CHALLENGE THE FINAL DECISION

Once you have received a final decision from Scheme and still want to challenge it, you may lodge a formal dispute. To see how, visit the website www.lahealth.co.za.

YOU MAY ALSO CONTACT THE COUNCIL FOR MEDICAL SCHEMES

LA Health Medical Scheme 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.

CONTACT DETAILS FOR THE COUNCIL FOR MEDICAL SCHEMES:

Phone: 0861 123 267

Email address:
complaints@medicalschemes.co.za

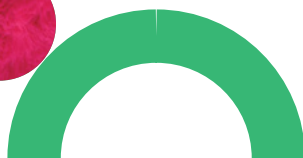
Website: www.medicalschemes.co.za

Postal address:

Private Bag X34
Hatfield
0028

Physical address:

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





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● CLIENT SERVICES 0860 103 933 ● WWW.LAHEALTH.CO.ZA
● SERVICE@LAHEALTHMS.CO.ZA ● REPORT FRAUD ANONYMOUSLY 0800 004 500

 LA-Health  LA Health

LA Health Medical Scheme, registration number 1145, is administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07. Discovery Health (Pty) Ltd is an authorised financial services provider.

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