



DIABETES CARE PROGRAMME

2026



MORE THAN A MEMBER. MORE WITH BANKMED.

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**
- E-mail: **Members_DCP@bankmed.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 Healthcare Professionals to ensure you get high-quality coordinated healthcare and improved outcomes.

You also have access to various tools and additional 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 e-mail **Members_DCP@bankmed.co.za** if you have any diabetes-related questions.

Remember

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

HOW TO JOIN THE DIABETES CARE PROGRAMME

If you are registered on the Chronic Illness Benefit for diabetes, you have access to the Diabetes Care Programme through your chosen Healthcare Professional.

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

CHECK IF YOUR HEALTHCARE PROFESSIONAL IS ON OUR NETWORK

To check if your regular GP is on our network, you can:

- Visit **www.bankmed.co.za**
- Call **0860 444 439**
- E-mail **Members_DCP@bankmed.co.za**

YOUR HEALTHCARE PROFESSIONAL WILL WORK WITH YOU TO MANAGE YOUR CONDITION

Your Diabetes Care Programme is based on international and locally accepted clinical and lifestyle guidelines.

Through the programme, you and your Healthcare Professional (who must be on our network) can:

- Agree on key goals
- Track your progress on a personalised dashboard on HealthID (a system for Healthcare Professionals)

If you visit a Healthcare Professional 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 Healthcare Professional and **make sure we always know who your network Healthcare Professional is**. Let us know if anything changes so we can update our records.

To update your Healthcare Professional on our system:

- Call **0860 444 439**
- E-mail **Members_DCP@bankmed.co.za**
- Log into the member portal at **www.bankmed.co.za** with your username and password.



HOW TO ENGAGE YOUR DIABETES CARE TEAM

You have access to these benefits to engage with your diabetes care team

BENEFIT	NUMBER OF CONSULTATIONS COVERED	WHAT THE HEALTHCARE PROFESSIONAL HELPS YOU WITH
Diabetes Educator	2 each year	Consultations can be done at a diabetes educator in the Discovery Diabetes Educator Network.
Eye screening	1 each year	Eye screening can be done at an optometrist or ophthalmologist.
Foot screening	1 each year	Managing the risk of foot infections and screening for neuropathy (nerve damage) and poor blood circulation.
Diabetes education	2 each year	Members have access to a diabetes educator to help them with medication, lifestyle changes and self-management support.
Dietitian	2 each 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 ICD-10 and procedure codes.
Biokineticist	1 each year	Advice about exercise, tailored to your needs. To make sure that we pay this from the correct benefit, please ask your biokineticist to claim using the most appropriate ICD-10 and procedure codes.

Other benefits

- **Extra test strips:** You can have extra blood glucose test strips each year if needed. We will pay the full Scheme Rate for blood glucose test strips that are on our medicine list (formulary).



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 Healthcare Professional in our network, members with insulin dependent diabetes (type 1 and 2) have cover for continuous glucose monitoring sensors. Benefits are available for children and adults on all plan types, registered on the Chronic Illness Benefit (CIB) for insulin dependent diabetes (type 1 and 2) subject to clinical entry criteria. CGM sensors will be funded from your Scheme benefits.

For children up to 18 years of age and adults, the sensor will be funded up to 100% of the Scheme Rate.

Visit www.bankmed.co.za or click on **Find a Healthcare Professional** using your Bankmed app or call us on **0800 BANKMED (0800 226 5633)** to find a Healthcare Professional in our network.

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 by Amwell. This 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 you might not be familiar with. Here are the meanings of these terms:

TERM	DESCRIPTION
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. <p>If your treatment doesn't meet the above criteria, the claims will be paid according to your Plan's benefits.</p>
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 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	<p>The Chronic Illness Benefit covers you for a defined list of chronic conditions, like diabetes.</p>
Discovery Care Coordination Network	<p>The network of GPs and Specialists who have contracted with the Scheme to provide you with coordinated care for the Diabetes Care Programme.</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 the Care Management Team.</p>
Diabetes Care Programme basket of care	<p>Includes</p> <ul style="list-style-type: none"> • Healthcare Professional consultations for diabetes and other chronic conditions • 1 foot screening each year • 1 eye screening each year • 1 biokineticist consultation each year • 2 dietitian consultations each year • Diabetes-related pathology (blood tests) • Diabetes coaching and education <p>We pay for medication, devices and consumables that are listed on the Scheme's Chronic Illness Benefit treatment list (formulary).</p>



TERM	DESCRIPTION
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"> • Serious impairment to bodily functions • 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	A coaching programme we offer to support you to live with diabetes. Ask your GP if they provide this service, alternatively find a Diabetes Educator on the Find a Healthcare Professional tool on the Bankmed website.
HealthID	HealthID is an online digital platform that gives your Healthcare Professional fast, up-to-date access to your health information. Once you have given your Healthcare Professional 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.
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 Healthcare Professional must use the correct ICD-10 codes on your claim to submit to 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.
Scheme Rate	This is a rate the Scheme pays for healthcare services from hospitals, pharmacies, Healthcare Professionals and other providers of health services.

COMPLAINTS AND DISPUTES

Should you have a complaint about your membership, please let us know in writing:

E-mail for members: enquiries@bankmed.co.za

E-mail for pensioners: pensioners@bankmed.co.za

Post: Complaints Bankmed, Private Bag X2, Rivonia 2128

By law, we have to respond to written complaints within 30 days, but we always try to respond much sooner.

Lodge a formal complaint

If you have given us a reasonable chance to address your concerns, and you are still not satisfied with the outcome of the process, you can lodge a formal complaint with the Council for Medical Schemes:

Customer Care Line: 0861 123 267

ShareCall from a Telkom landline

Reception: 012 431 0500

Fax: 086 673 2466

E-mail: complaints@medicalschemes.co.za

Post: Council for Medical Schemes, Block A, Eco Glades 2 Office Park, 420 Witch Hazel Avenue, Eco Park, Centurion 0157

or

Council for Medical Schemes, Private Bag X34, Hatfield, 0028





www.bankmed.co.za



0800 Bankmed (0800 226 5633)



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https://www.x.com/Bankmed_SA



<https://www.linkedin.com/company/bankmed-medical-scheme/>

Bankmed App



Instagram



<https://bit.ly/AskBankmed>



<https://www.youtube.com/@bankmedmedicalscheme9490>



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