



# Diabetes Care Programme 2026

Effective 1 January 2026

# 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@angloms.co.za](mailto:Members_DCP@angloms.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 providers 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 email [Members\\_DCP@angloms.co.za](mailto:Members_DCP@angloms.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 for diabetes, you have access to the Diabetes Care Programme through your network healthcare provider. If you are not yet registered, ask your network healthcare provider to help you get started.



## Check if your healthcare provider is on our network

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

- Visit [www.angloms.co.za](http://www.angloms.co.za) and use the [Find a provider](#) tool
- Call **0860 444 439**
- Email [Members\\_DCP@angloms.co.za](mailto:Members_DCP@angloms.co.za)



## Your healthcare provider 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 provider (who must be on our network) can:

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



## Healthcare providers not on the network

If you visit a healthcare provider who is not part of the Discovery Care Coordination 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 provider and **make sure we always know who your network healthcare provider is**. Let us know if anything changes so we can update our records.

To update your healthcare provider on our system:

- Call **0860 444 439**
- Email [Members\\_DCP@angloms.co.za](mailto:Members_DCP@angloms.co.za)

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

Benefit	Number of consultations funded	What the healthcare provider helps you with
Diabetes Educator	2 per year	Consultations can be done at a diabetes educator in the Scheme's Diabetes Educator Network.
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 education	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 ICD-10 and procedure codes.
Biokineticist	1 per 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.



## Diabetes medication

MediKredit will handle the registration of your diabetes medication, and the MediKredit diabetes basket of care will apply. Authorisation can be obtained or updated by calling **0860 222 633** and selecting the Chronic Department.

To avoid additional co-payments, we encourage you to use a pharmacy within the network. You can find one by calling **0860 222 633** or using the [Pharmacy Network](#) lookup tool.

If you are registered on the Diabetes Care Programme you will be eligible for additional glucose strips should your healthcare provider recommend more frequent testing. The blood glucose test strips will be funded by your Scheme at 100% of the Scheme Reimbursement Rate (SRR) subject to authorisation through MediKredit.



## Funding for continuous glucose monitoring (CGM) sensors

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 provider in the network, members with insulin dependent diabetes have funding for CGM sensors up to 100% of SRR, subject to the available Medical and Surgical Appliances limit.



## 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
Diabetes Care Programme	The care programme that opens up benefits to help you throughout your diabetes care journey. This programme is administered by the Care Management Team.
Diabetes Care Programme basket of care	<p><b>Includes:</b></p> <ul style="list-style-type: none"> <li>• Healthcare provider consultations for diabetes and other chronic conditions</li> <li>• 1 foot screening per year</li> <li>• 1 eye screening per year</li> <li>• 1 biokineticist consultation per year</li> <li>• 2 dietitian consultations per year</li> <li>• Diabetes-related pathology (blood tests)</li> <li>• Diabetes coaching and education</li> </ul>
Care navigators	<p>A dedicated team who will proactively help you to:</p> <ul style="list-style-type: none"> <li>• Understand your diabetes-specific benefits</li> <li>• Register on our digital tools</li> <li>• Choose and engage with healthcare providers on the full-care team (podiatrist, dietitian and so on)</li> </ul> <p>Get the most out of the programme by using the benefits available.</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 <a href="#">Find a provider</a> tool on the AMS website.
Designated Service Provider (DSP)	This is healthcare providers that are part of the Discovery Care Coordination Network and GPs that are part of the Premier Plus GP Network with which we have contracted with, to provide you with coordinated care for defined chronic conditions.
Discovery Care Coordination Network	The network of GPs and Specialists who have contracted with the Scheme to provide you with coordinated care for the Diabetes Care Programme.
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.

Term	Description
Prescribed Minimum Benefits (PMBs)	<p>Under the Medical Schemes Act (No 131 of 1998) and its Regulations, all medical schemes must fund costs for the diagnosis, treatment and care of:</p> <ul style="list-style-type: none"> <li>• An emergency medical condition</li> <li>• A defined list of 271 diagnoses</li> <li>• A defined list of 27 chronic conditions.</li> </ul> <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"> <li>• Your medical condition must qualify for funding and be part of the defined list of Prescribed Minimum Benefit conditions.</li> <li>• The treatment needed must match the treatments in the defined benefits.</li> <li>• 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.</li> </ul> <p>If your treatment doesn't meet the above criteria, the claims will be paid according to your Plan's benefits.</p>
Chronic conditions	A defined list of chronic conditions, like diabetes that you are funded for.
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"> <li>• Serious impairment to bodily functions</li> <li>• Serious dysfunction of a bodily organ or body part</li> <li>• A high risk of death.</li> </ul> <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>
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 your healthcare provider consent, they can use HealthID to view your medical history, refer you to other healthcare providers 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 provider must use the correct ICD-10 codes on your claim to submit to the Scheme.
Scheme Reimbursement Rate (SRR)	This is a rate the Scheme pays for healthcare services from hospitals, pharmacies, healthcare providers and other providers of health services.

## Complaints and disputes

You may lodge a complaint or query with Anglo Medical Scheme directly on **0860 222 633** or address a complaint in writing directly to the Principal Officer.

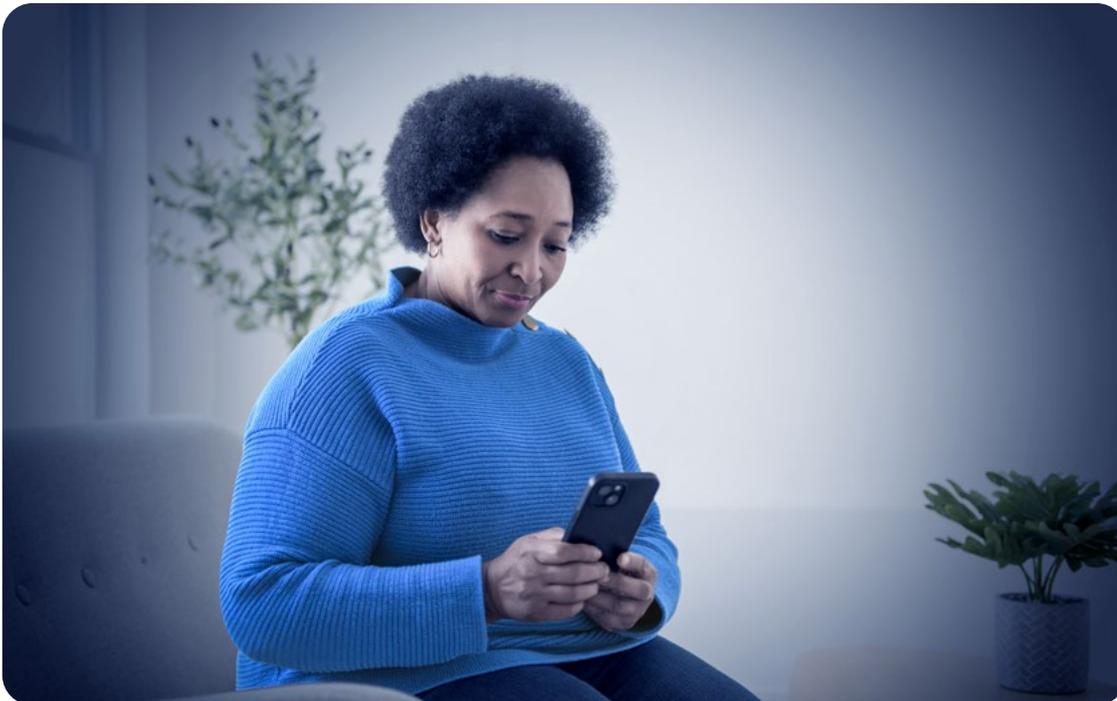
Should your complaint remain unresolved, you may lodge a formal dispute by following Anglo Medical Scheme's internal disputes process.

Members who wish to approach the Council for Medical Schemes for assistance, may do so in writing to:

Council for Medical Schemes, Complaints Unit  
Block A, Eco Glades 2 Office Park  
420 Witch-Hazel Avenue  
Eco Park  
Centurion  
0157  
or email [complaints@medicalschemes.co.za](mailto:complaints@medicalschemes.co.za).

**Customer Care Centre:**

0861 123 267/website [www.medicalschemes.co.za](http://www.medicalschemes.co.za)





[www.angloms.co.za](http://www.angloms.co.za)



0860 222 633



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