



**AFFINITY
HEALTH**



DIABETES
MANAGEMENT PROGRAMME

INTRODUCTION

Diabetes is a Chronic Condition that affects the body's ability to metabolise carbohydrates. There are two types of Diabetes, type 1 and 2.



In the event that Diabetes is not treated it may result in the manifestation of life-threatening secondary illnesses. Diabetes can be managed with the consumption of monitored medication and other treatments to reduce the occurrence of secondary conditions.

The Diabetes Management Programme together with the Affinity Health Specialist network, and the Member's GP will assist Members in the management of their Diabetes Condition. Through support Affinity Health hopes to provide Members with suitable treatment and tools to improve their overall health. The programme gives Members access to various facilities to monitor and manage their condition.



The list below defines some of the important **phrases** and corresponding **definitions and explanations** which will be referred to throughout this document.

Affinity

Means the company named Affinity Health (Pty) Ltd.

Affinity Health/We/Us/Our

The Health Benefit Cover Product managed by National Risk Managers (Pty) Ltd, a registered Financial Services Provider (FSP Number 47132) under contract from the Assurer.

Annual Benefit Limit

The Annual Benefit Limit is the cap on the Member's Benefits that Affinity will pay in a year. Annual Limits can be placed either on specific services as an annual amount for covered services or on the number of visits that will be covered for a particular service. The number of Dependents on the Policy will determine the amount as well as the type of Benefit. After the Annual Benefit Limit is reached, all additional associated healthcare expenses will be for the Members account.

The Assurer

Lion of Africa Life Assurance Company Limited, the registered Assurer with FSP Number 15283, as may be amended from time to time.

Chronic Disease Formulary

The Chronic Disease Formulary means the complete list of procedures, prices, medication and services related to Chronic Conditions, as approved and amended from time to time by Affinity Health, which together constitutes the maximum limit of Benefits which Affinity will be bound to pay in terms of the Policy.

Chronic Essential Benefit (CEB)

The Chronic Essential Benefit is available to Members through an application process. This Benefit covers medication according to a specified Formulary for 24 specific conditions.

Commence/Commencement Date

Means the date on which the Policy comes into force and effect for the first time as specified in the Policy Schedule. Prior to Commencement, the Policy and contractual relationship between Affinity / The Assurer and the Policyholder does not exist.

Co-payment

Co-payment is an amount that the Member needs to pay towards a healthcare service. The amount can vary by the type of diagnostic procedure, not making use of a network service provider or services that are not part of the Formulary or if the amount the service provider charges more than what Affinity Health will cover. If the co-payment amount is higher than the amount charged for the healthcare service, Members will have to pay for the cost of the healthcare service.

Designated Service Provider (DSP)

A Designated Service Provider is a service provider that is contracted to Affinity Health. DSPs offer preferential rates and are required to be used for most Benefits and are Affinity's first choice when its Members need diagnosis, treatment or care. For certain Benefits, State Hospitals are Designated Service Providers. Visit www.affinityhealth.co.za to view the full list of DSPs.

Diabetes Counselling

This forms part of the Diabetes Management Programme, supporting high risk Diabetes patients in partnership with Affinity's Specialist Nurse Network.



Family

For the purpose of this Policy, family includes the Main Member's Spouse, Adult Dependants and Child Dependants added to the Policy.

Spouse means the named Spouse of a Policyholder, including any life partner.

Child Dependant means the named child of a Policyholder under the age of 21 (twenty-one) years, including:

- a natural child;
- a step child;
- a legally adopted child, including a child adopted in terms of a customary adoption under a tradition practiced by the people of South Africa, provided that the child's natural parents are both deceased;
- an adoption under the tenets of any religion practiced by the people of South Africa provided that the child's natural parents are both deceased; or
- a child of a Child Dependant and/or Adult Dependant.

Adult Dependant means a person other than a Spouse of the Policyholder who is wholly dependent on the Policyholder for financial support including:

- a child of the Policyholder over the age of 21 (twenty-one) years;
- an immediate family member (sibling or parent) over the age of 21 (twenty-one) years; or
- the second or any additional Spouse of a Member under a customary union recognised as a marriage under the tenets of any religion.

General Practitioner (GP)

A network General Practitioner who has contracted with Affinity Health to provide the Member with coordinated care for primary care, treats acute illnesses and provides preventive care, health education and defined Chronic Conditions.

Member/You/Your/Assured

The Member or Policyholder as named on the Policy Schedule and their Dependants who have applied and been accepted by the Assurer and whose Premium is paid and up to date and thus includes each individual assured under this Policy.

Policyholder

The Policyholder is the person who applied for the Assurance Cover under this Policy and is included in the definition of Member/You/Your/Insured.

Network Provider

The service providers contracted or who have an ongoing business relationship with Affinity Health. These providers offer preferential rates and are required to be used for most Benefits. A Network Provider is also called a Designated Service Provider or DSP.

Out-of-Network Provider

Providers not on the Affinity Health Network or who have no business relationship with Affinity Health. Costs incurred for most out-of-network providers are not reimbursed unless specifically Pre-authorised per event.

Pre-authorisation

Means the act of contacting and obtaining authorisation from Affinity Health before utilising certain Benefits.

Shortfall

The shortfall is the difference between the Benefit amount available that will be paid by Affinity and the amount that is charged by the Service Provider. The Member is responsible for the payment of the shortfall.

Waiting Period

Means the number of months from Commencement Date before the Members and Dependant(s) can access Benefits. No claims will be payable during this period.





REGISTERING AS A
CHRONIC MEMBER
FOR THE

**DIABETES
MANAGEMENT
PROGRAMME**





To be eligible for the Diabetes Management Programme, Members are required to **consult with a GP, be diagnosed** and register as a patient with **type 1** or **type 2** Diabetes.

To apply for the Chronic Management Programme, Members must complete a chronic application form together with their Network GP and submit the form to chronicapp@affinityhealth.co.za.

- The Member's medication will be covered if it has been prescribed according to Affinity Health's Chronic Formulary.
- To complete registration with the Programme and to have access to medication the Member will also need to upgrade their plan with the Chronic Essential Benefit. The medication prescribed will determine which Benefit will be applicable to the Member and will define the amount per month the Member must contribute for access to this programme.

For full details contact the Chronic Department on

0861 22 22 73

or email chronicapp@affinityhealth.co.za.

Members are required to manage their Diabetes according to the Diabetes Management Programme Protocols and Clinical Guidelines. In the event that a Member is non-compliant a 20% co-payment may be levied for any hospital admissions for Diabetes or complications which may arise as a result of uncontrolled Diabetes. Visit www.affinityhealth.co.za and click on "Find a Doctor or Dentist" to find a doctor on the network.



WHAT DOES THE DIABETES MANAGEMENT PROGRAMME ENTAIL?



The programme consists of various facets in order to monitor and manage the Member's condition to ensure Members have access to high-quality care, advice and obtain favourable clinical outcomes.



Members have unlimited access to qualified nurses at the Medical Society Centres, where they are able to have blood sugar testing conducted by means of a simple finger-prick rapid test.

The nurses are able to assist Members by monitoring their blood sugar levels and providing them with dietary and lifestyle advice. Nurses are also able to refer Members to a Network GP, should they require further evaluation or testing.

Regular laboratory tests will be performed to ensure that the Chronic Disease is properly managed and monitored in accordance with clinical guidelines. Members should take cognisance that diagnosis, procedures and consultations available to Members registered on the Chronic Disease Benefit with Diabetes, are subject to sub-limits for existing Benefits such as Specialists, GP visits, medication, pathology and radiology.



EDUCATION AND SUPPORT

Members who qualify for Diabetes coaching will be contacted by a Specialist Nurse who will telephonically consult with the Member with the aim of educating and supporting Members diagnosed with Diabetes.





Benefits available by policy type



Combined //
Standard / Senior / Junior



Hospital //
Standard



Day-To-Day //
Standard / Junior



STANDARD COMBINED

Unlimited access to **Telephonic Primary Health Services** for healthcare education and lifestyle advice for Chronic Conditions.

Unlimited access to **Nurse-led Medical Consultations** for Chronic Condition monitoring at a Medical Society Centre.

GP Consultations for prescription purposes up to annual limits for GP Consultations.

Medication for Chronic Conditions listed on the Affinity Health Formulary/Chronic Medication List.

*Medication per Chronic Condition carries an **additional R99** per condition per month surcharge applied once the Benefit registration process is completed.

3 Month Waiting Period.

12 Month Waiting Period for Pre-existing Conditions.



STANDARD HOSPITAL

No Day-to-Day Benefits under Hospital only.

Up to **Daily Illness** per diem amounts.

Subject to Pre-authorisation, Annual Benefit Limits, Affinity Health Clinical Guidelines and Managed Health Care Protocols.

3 Month Waiting Period.

12 Month Waiting Period for Pre-existing Conditions.



STANDARD DAY-TO-DAY

Unlimited access to **Telephonic Primary Health Services** for healthcare education and lifestyle advice for Chronic Conditions.

Unlimited access to **Nurse-led Medical Consultations** for Chronic Condition monitoring at a Medical Society Centre.

GP Consultations for prescription purposes up to annual limits for GP Consultations.

Medication for Chronic Conditions listed on the Affinity Health Formulary/Chronic Medication List.

*Medication per Chronic Condition carries an **additional R99** per condition per month surcharge applied once the Benefit registration process is completed.

3 Month Waiting Period.

12 Month Waiting Period for Pre-existing Conditions.



JUNIOR COMBINED

Unlimited access to **Telephonic Primary Health Services** for healthcare education and lifestyle advice for Chronic Conditions.

Unlimited access to **Nurse-led Medical Consultations** for Chronic Condition monitoring at a Medical Society Centre.

GP Consultations for prescription purposes up to annual limits for GP Consultations.

Medication for Chronic Conditions listed on the Affinity Health Formulary/Chronic Medication List.

*Medication per Chronic Condition carries an **additional R99** per condition per month surcharge applied once the Benefit registration process is completed.

3 Month Waiting Period.

12 Month Waiting Period for Pre-Existing Conditions.



JUNIOR HOSPITAL

No Day-to-Day Benefits under Hospital only.

Up to **Daily Illness** per diem amounts.

Subject to Pre-authorization, Annual Benefit Limits, Affinity Health Clinical Guidelines and Managed Health Care Protocols.

3 Month Waiting Period.

12 Month Waiting Period for Pre-Existing Conditions.



JUNIOR DAY-TO-DAY

Unlimited access to **Telephonic Primary Health Services** for healthcare education and lifestyle advice for Chronic Conditions.

GP Consultations for prescription purposes up to annual limits for GP Consultations.

Unlimited access to **Nurse-led Medical Consultations** for Chronic Condition monitoring at a Medical Society Centre.

Medication for **Chronic Conditions** listed on the Affinity Health Formulary/Chronic Medication List.

Medication per Chronic Condition carries an **additional R99** per condition per month surcharge applied once the Benefit registration process is completed.

3 Month Waiting Period.

12 Month Waiting Period for Pre-Existing Conditions.



SENIOR COMBINED

Unlimited access to **Telephonic Primary Health Services** for healthcare education and lifestyle advice for Chronic Conditions.

Unlimited access to **Nurse-led Medical Consultations** for Chronic Condition monitoring at a Medical Society Centre.

GP Consultations for prescription purposes up to annual limits for GP Consultations.

Medication for **Chronic Conditions** listed on the Affinity Health Formulary/Chronic Medication List.

Medication per Chronic Condition carries an **additional R99** per condition per month surcharge applied once the Benefit registration process is completed.

3 Month Waiting Period.

12 Month Waiting Period for Pre-Existing Conditions.



SENIOR HOSPITAL

No Day-to-Day Benefits under Hospital only.

Up to **Daily Illness** per diem amounts.

Subject to Pre-authorization, Annual Benefit Limits, Affinity Health Clinical Guidelines and Managed Health Care Protocols.

3 Month Waiting Period.

12 Month Waiting Period for Pre-Existing Conditions.



SENIOR DAY-TO-DAY

Unlimited access to **Telephonic Primary Health Services** for healthcare education and lifestyle advice for Chronic Conditions.

GP Consultations for prescription purposes up to annual limits for GP Consultations.

Unlimited access to **Nurse-led Medical Consultations** for Chronic Condition monitoring at a Medical Society Centre.

Medication for **Chronic Conditions** listed on the Affinity Health Formulary/Chronic Medication List.

Medication per Chronic Condition carries an **additional R99** per condition per month surcharge applied once the Benefit registration process is completed.

3 Month Waiting Period.

12 Month Waiting Period for Pre-Existing Conditions.



**GET IN
TOUCH**



MEMBERS

Please call **0861 11 00 33** for customer care.



HEALTH PRACTITIONERS

Please call **0861 11 00 33** > **Option 5**.



Write to us at Postnet Suite
124, Private Bag X101,
Farrarmere, Benoni 1518.



Use the website www.affinityhealth.co.za or
the **customer care walk-in centre** at 1 Dingler
Street, Rynfield, Benoni.



FAX

086 607 9419



EMAIL

info@affinityhealth.co.za



COMPLAINTS PROCESS

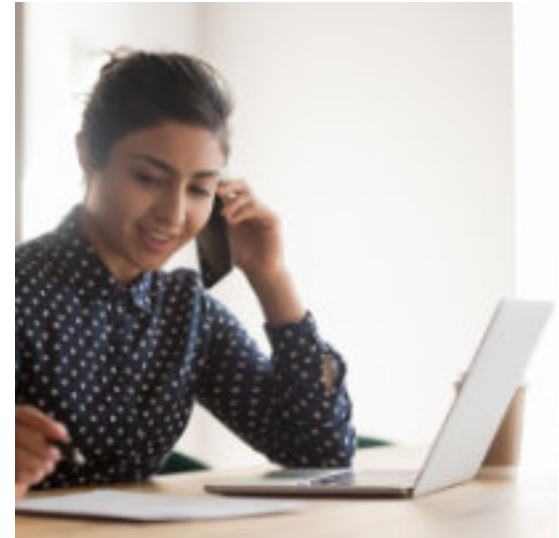
The Internal Complaints Resolution Policy is available on the Affinity Health Website.

www.affinityhealth.co.za



Affinity Health is committed to maintaining an internal complaints resolution system, ensuring procedures are based on the following:

- a** — **Maintenance of a comprehensive complaints policy that outlines the company's commitment to, and system and procedures for, internal resolution of complaints.**
- b** — **Transparency and visibility:** ensuring that Members have full knowledge of the procedures for resolution of their complaints.
- c** — **Accessibility of facilities:** ensuring that Members have easy access to such procedures made available at any office or branch of the provider, as well as through electronic means such as email or via the Affinity Health website.
- d** — **Fairness:** ensuring that a resolution of a complaint falls in line with the resolution process which is fair to both the Member and the Company.
- e** — **Compliments and Suggestions:** Affinity Health is committed to ensuring that the products and services provided meet the Member's fullest expectations, Affinity Health values Members' honest feedback. Should a Member wish to compliment Affinity, or they have any suggestions on how the products or service delivery can be improved, the Affinity Team would love to hear from you. Kindly forward compliments or suggestions to email: compliments@affinityhealth.co.za.



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How to submit a complaint?

Affinity is committed to investigating and resolving all complaints in a fair, honest and professional manner. If the Member is not satisfied with the service received, he or she can lodge a formal complaint with Affinity Health's Complaints Department at:

Complaints Department

Physical Address

1 Dingler Street, Rynfield, Benoni, 1501

Postal Address

Postnet Suite 124, Private Bag X101, Farrarmere, Benoni, 1516

Telephone

086 110 6040

Email

complaints@affinityhealth.co.za

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Feedback from the Complaints Department

Treating customers fairly and keeping them informed is a crucial aspect of Affinity's customer relationship management. During the course of the complaint investigation and resolution process, the Member can expect the following:

1. Affinity will acknowledge the Member's complaint in writing within 48 hours of receipt.
2. The Member will be notified of the name and contact details of the person that will oversee the complaint resolution process.
3. The Member will be informed of the expected timeframe required for an investigation to be conducted.
4. Affinity will provide the Member with regular updates on the progress of their complaint.

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Appeal of rejected claims:

1. Affinity Health will acknowledge receipt of the appeal in writing within 48 hours of receipt from the Assurer.
2. If the Member's claim was rejected by Affinity Health, policyholders have 90 days from the receipt of the rejection letter to make representation.
3. Subject to the above, Affinity Health will make a final decision and will notify the Member in writing within 45 days after receipt of the rejection appeal.

Further steps

If a Member is unhappy with the outcome of their complaint or Affinity's complaint resolution process, please direct the complaint, in writing, to the Assurer at:

LION OF AFRICA LIFE ASSURANCE COMPANY LTD

Physical Address

Office 16/02, 16th Floor the Golden Acre, Adderley Street, Cape Town CBD, 8001

Telephone

021 461 8233

Email

info@lionlife.co.za

External complaint resolution measures

If the Member is not satisfied with the outcome of the internal complaint resolution processes, or the resolutions have not been in the Member's favour, they can have the decision reviewed by an authorised external party. These include the following:

THE COUNCIL FOR MEDICAL SCHEMES

Complaints Unit

Physical Address

Block A, Eco Glades 1 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion, 0157

Telephone

0861 123 267

Email

complaints@medicalschemes.co.za

Website

www.medicalschemes.co.za

Affinity Health is regulated by the Council for Medical Schemes.

Members can approach the Council for Medical Schemes for rejected claims or during any stage of the complaints process. Affinity, however, encourages the Member to follow the above steps to resolve the complaints first, before contacting the Council.

THE FAIS OMBUDSMAN

Telephone

012 762 5000

Fax

012 348 3447

Fax

info@faisombud.co.za

Website

www.faisombud.co.za

The FAIS Ombud deals with the complaints against the conduct, service or advice provided by a financial services provider. If you are unhappy with the quality of information or explanation provided to you, then this is the correct ombudsman to approach.

