



Benefit Guide

2024/25



Contents

PAGE		
03.	Who can be a BPOMAS Member?	
04.	How to join?	
05.	BPOMAS in Numbers	
06.	Why BPOMAS	
07.	Comprehensive Medical Aid Cover	
08.	Know Your Customer	
09.	Individual Membership Cover	
10.	Benefit Option Comparison	
11.	Schedule of Benefits	
15.	Dread Disease Cover	
17.	BPOMAS Mobile App	
18.	Scope of Benefits	
21.	Chronic Medicines Benefit	
22.	Managing Your Membership	
23.	Wellness Benefits	
26.	Flu Vaccine	
27.	Monthly Contributions	
29.	Member Rights and Responsibilities	
30.	Additional Benefits	
33.	Frequently Asked Questions	
34.	Complaints and Compliments Procedure	
35.	Data Protection	





1

Who can be a BPOMAS Member?

- Government Employees
- Employees of parastatals
- Pensioners

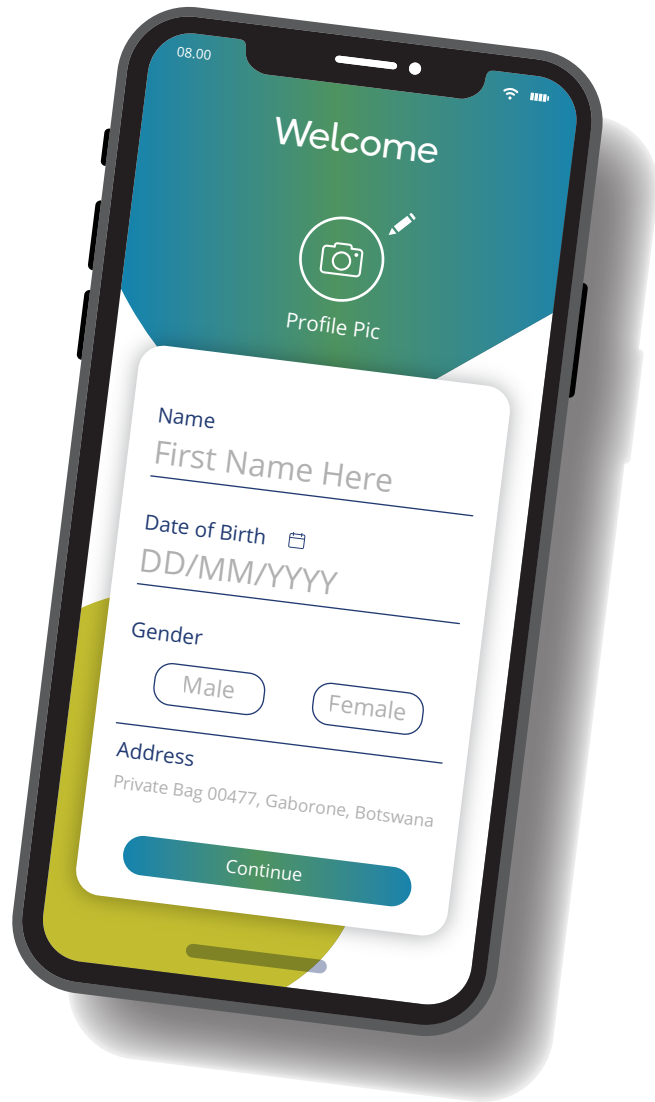
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Whom can I include as dependants?

- Spouse (Civil and Customary)
- Children under **21 years** (biological/ legally adopted)
- Children up to **25 years** if they are studying fulltime
- Adult Children **21 years - 35 years**
- Parents and Parents In-law up to the age of **65 years** before joining
- Grandchildren up to the age of **21 years**

Terms and Conditions Apply

HOW TO JOIN



STEP 1

Get the New Member Application form by:

- Downloading the form from the Scheme website www.bpomas.co.bw
- Calling +267 316 8900 / 370 2907 to have it emailed or faxed to you
- Visiting our offices to collect the application form

STEP 2

- Complete the New Member Application form
- Have it signed and stamped by your employer

Attach the following documents:

- Copy of certified **ID/Omang** or **Passport** for foreign nationals
- Recent payslip (not older than 3 months)
- Proof of residential address (confirmation of letter/ affidavit)
- Spouse's certified **ID** copy and marriage certificate (if adding spouse)
- Children's certified birth certificates (if adding children)
- Certificate of membership from previous medical aid (if previously covered)

STEP 3

Submit the completed form and supporting documents by:

- Email to: join@bpomas.co.bw or clientservices@bpomas.co.bw
- Hand delivery to any of the Scheme offices closer to you
- Fax to +267 316 8910 / 397 2402
- Joining through the website www.bpomas.co.bw

BPOMAS IN NUMBERS

↑ 4%

Av. Year on Membership Growth

35

YEARS IN
OPERATION

OVER



88,000

Principal Members

3



Health Plans
Standard, High &
Premium

OVER
202,000
Lives Covered

OVER
4,851

Individual Members
Grandchild, Adult Child
& Parent Dependents

WHY BPOMAS?



Terms and Conditions Apply

COMPREHENSIVE COVER

Comprehensive medical cover that offers extensive coverage for a wide range of health care services.



Consultation

All Benefit Options are inclusive of general practitioners and specialist consultations



Maternity

Cover for both normal & C-Section deliveries as well as antenatal care



Hospitalisation

Covered under both High & Premium Benefit Options



Medications

Acute and Chronic medicines



Dental Care

Normal & Specialised Dentistry



Specialist Care

All Benefit Options cover Specialist Care



Eye Care

Eye test, spectacles and contact lenses



EMS

24Hr Emergency Medical Assistance & Support



Allied Health Care

Clinical Psychology, Physiotherapy, Occupational Therapy etc

Terms and Conditions Apply



KYC INDIVIDUAL SUBMISSIONS

KYC is short for Know Your Customer. BPOMAS is required by law to remind you (the member) to provide the Scheme with required documents to be KYC compliant.

KYC compliance refers to the process of verifying the identity of members and assessing their risk factors to prevent financial crimes such as money laundering, terrorist financing, fraud and identity theft.

Ensure you are KYC Compliant by following the below steps:

STEP 1

- Access the KYC Application form by any of the following:
- Download the form from the Scheme website: www.bpomas.co.bw
 - Call +267 316 8900/370 2907 to have it emailed or faxed to you
 - Visit our offices to collect the application form

STEP 2

- Complete the KYC Application form and attach the following:
- Certified copy of Valid Identification Document (Omang for Citizens & Passport for Foreign Nationals)
 - Proof of Residential Address (Utility Bill, Lease Agreement, Title Deed, Letter from Kgosi, Confirmation of employment letter and Affidavit)
 - Proof of Source of Income and Occupation (payslip/bank statement) or a confirmation of employment letter stating basic salary and residential address

STEP 3

- Submit the completed form and supporting documents by any of the following:
- Email to: kyc@bpomas.co.bw
 - Hand delivery to any of the Scheme/HRMB offices closer to you
 - Fax to +267 316 8910/397 2402

INDIVIDUAL MEMBERSHIP COVERS



GRANDCHILD DEPENDANT COVER

A Principal Member can add grandchildren up to the ages of 21 years as dependants from birth.



ADULT CHILD DEPENDANT COVER

A Principal Member can cover their adult child aged 21 - 35 years of age, who has been a member of the Scheme for a continuous period of one (1) year.



PARENT AND PARENT-IN-LAWS DEPENDANT COVER

A Principal Member can cover their biological or adoptive parent and/or the biological or adoptive parent-in-law. The parent should not be a pensioner and must be 65 years or below at the time of joining. Each Principal Member shall be allowed to cover up to a maximum of four (4) parents.

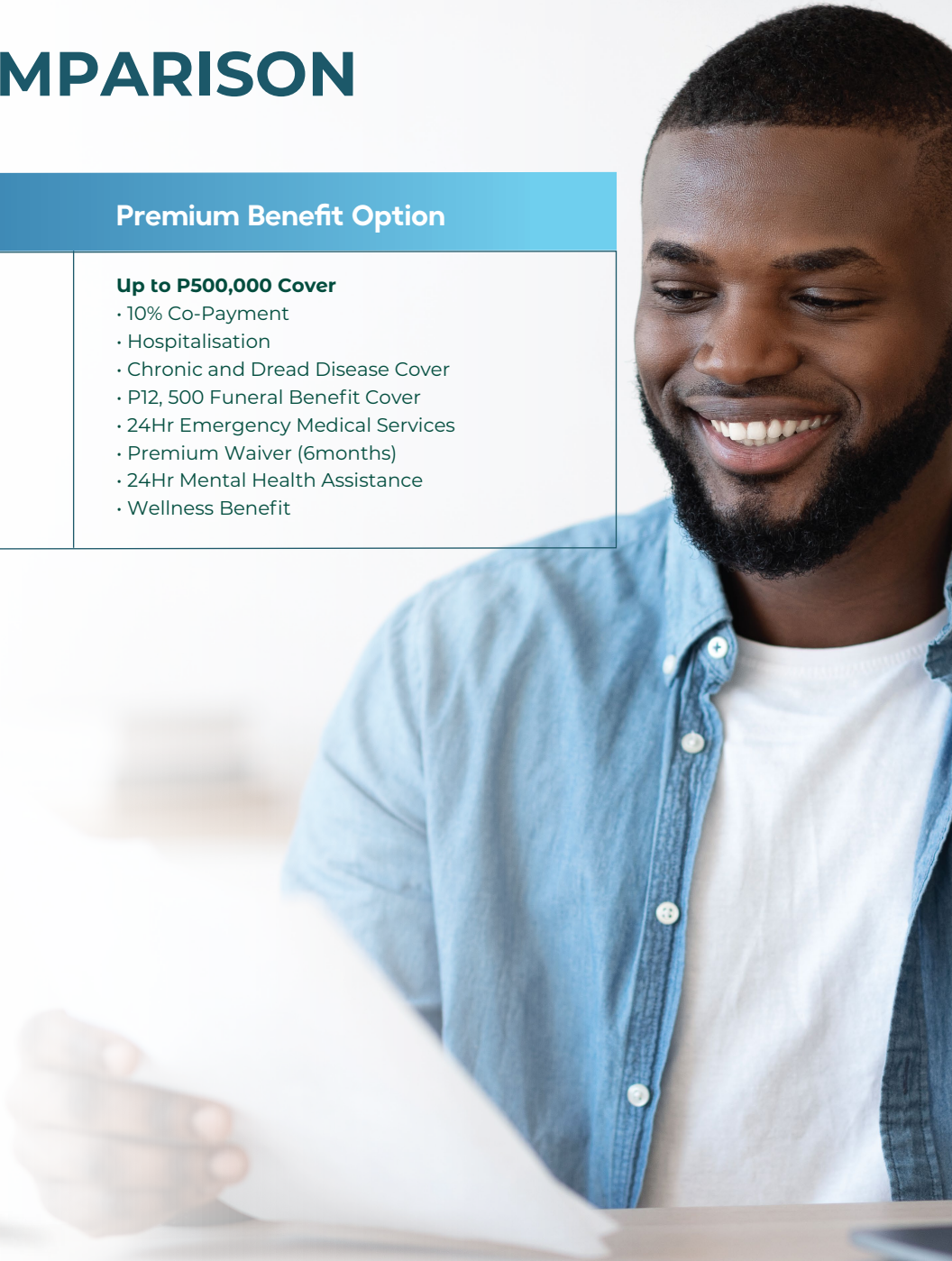


Terms and Conditions Apply



BENEFIT OPTION COMPARISON

Standard Benefit Option	High Benefit Option	Premium Benefit Option
<p>Up to P30,000 Cover</p> <ul style="list-style-type: none"> • No 10% Co-Payment • No Hospitalisation • No Chronic and Dread Disease Cover • P5, 000 Funeral Benefit Cover • 24Hr Emergency Medical Services • Premium Waiver (6months) • 24Hr Mental Health Assistance 	<p>Up to P315,000 Cover</p> <ul style="list-style-type: none"> • 10% Co-Payment • Hospitalisation • Chronic and Dread Disease Cover • P10, 000 Funeral Benefit Cover • 24Hr Emergency Medical Services • Premium Waiver (6months) • 24Hr Mental Health Assistance • Wellness Benefit 	<p>Up to P500,000 Cover</p> <ul style="list-style-type: none"> • 10% Co-Payment • Hospitalisation • Chronic and Dread Disease Cover • P12, 500 Funeral Benefit Cover • 24Hr Emergency Medical Services • Premium Waiver (6months) • 24Hr Mental Health Assistance • Wellness Benefit



SCHEDULE OF BENEFITS

Benefit	Annual and other limits in Pula		
	Standard Benefit Option	High Benefit Option	Premium Benefit Option
Annual Benefit Cover	P30,000 per family	P315,000 per family	P500,000 per family
Annual Overall Limit (AOL)	P30,000 per family	P150,000 per family	P200,000 per family
Dread Disease Cover	No Cover	P165,000 per family	P300,000 per family
1. Medical Practitioners	Standard	High	Premium
1.1 General Practitioners	Up to AOL per family	Up to AOL per family	Up to AOL per family
1.2 Medical Specialists	Up to AOL per family	Up to AOL per family	Up to AOL per family
2. Maternity Benefits	Standard	High	Premium
2.1 Normal Delivery	P9,240 per beneficiary	P10,165 per beneficiary	P10,165 per beneficiary
2.2 Caesarean Delivery	P14,610 per family per annum	P15,340 per family per annum	P15,765 per family per annum
3. Dentistry	Standard	High	Premium
3.1 Maxillofacial & Oral Surgery	Up to AOL per family	Up to AOL per family	Up to AOL per family
3.2 Conservative dentistry including plastic based dentures	Up to AOL per family	Up to AOL per family	Up to AOL per family
3.3 Limited dentistry including inlays, crowns, bridgework, study models, metal base dentures and the repair, periodontics, prosthodontics and orthodontics	P3,630 per family per annum	P7,260 per family per annum	P8,800 per family per annum

4. Medicines	Standard	High	Premium
4.1 Overall Medicines Limit	Up to P9,420 per family	Up to P8,015 per family	Up to P8,600 per family
4.1.1 Pharmacy Medicines (Over-the-Counter Medicines)	Up to P2,830 per family	Up to P2,400 per family	Up to P2,580 per family
4.1.2 Prescription Medicines	Up to P6,590 per family	Up to P5,615 per family	Up to P6,020 per family
4.1.3 Injection materials supplied by a medical practitioner, Dentists or authorised health professional.	Up to overall medicines limit (i.e. Up to 4.1)	Up to overall medicines limit (i.e. Up to 4.1)	Up to overall medicines limit (i.e. Up to 4.1)
5. Government and Private Hospitals (In-Patient)	Standard	High	Premium
5.1 Accommodation (General Ward)	A total of P350 per day per family	Up to AOL per family	Up to AOL per family
5.2 Intensive Care or High Care	A total of P350 per day per family	Up to AOL per family	Up to AOL per family
5.3 Recovery Room Fees	A total of P350 per day per family	Up to AOL per family	Up to AOL per family
5.4 Medicines, Materials & Apparatus	A total of P350 per day per family	Up to AOL per family	Up to AOL per family
5.5 Prosthesis used in Surgery	P5,830 per case	Up to P24,200 per case	Up to P33,000 per case
5.6 Blood Transfusion	Up to AOL per family	Up to AOL per family	Up to AOL per family
6. Allied Health Service	Standard	High	Premium
6.1 Physiotherapy	At Scheme tariffs and a maximum of 20 sessions. Motivation and pre-authorisation required after 10 sessions.		
6.2 Audiology and Speech Therapy	P7,000 per family for any of a combination of 6.2 to 6.5	P8,150 per family for any of a combination of 6.2 to 6.5	P11,340 per family for any of a combination of 6.2 to 6.5
6.3 Dietician (Doctor's referral required)			
6.4 Clinical Psychology			
6.5 Occupational Therapy			
6.6 Podiatry	P1,400 per family	P1,400 per family	P1,600 per Family

7. Nursing, Home Based Services, Step Down & Rehabilitation Facilities			
	Standard	High	Premium
7.1 Consulting Nurse (family nurse)	At a consultation tariff equivalent to half that of a General Medical Practitioner		
7.2 Home Based Nursing	No benefit	Up to P875 per family	Up to P3,500 per family
7.3 Step-Down Facility	No benefit	At agreed tariff and maximum 21 days in any one financial year per family	At agreed tariff and maximum 21 days in any one financial year per family
7.4 Alcoholism and Drug Addiction (rehabilitation)	P3,200 per family	At agreed tariff and maximum 21 days in any one financial year per family	At agreed tariff and maximum 21 days in any one financial year per family
8. Medical Appliances & Devices			
	Standard	High	Premium
8.1 Medical Assistive Device	P4,500 per family	P5,300 per family	P7,500 per family
8.2 Medical and Surgical Appliances	Up to P1,370 per family	Up to P1,320 per family	Up to P1,320 per family
8.3 Wheel Chair	Up to P3,520 per beneficiary once every three (3) financial years	Up to P3,520 per beneficiary once every three (3) financial years	Up to 3,850 per beneficiary once every three (3) financial years
9. Optical			
	Standard	High	Premium
9.1 Eye Test by Optometrist	At agreed tariff	At agreed tariff	At agreed tariff
9.2 Orthoptistry	P840 per beneficiary every two (2) financial years	P670 per beneficiary every two (2) financial years	P670 per beneficiary every two (2) financial years
9.3 Spectacles and Contact Lenses	1,045 per beneficiary every two (2) financial years	P1,980 per beneficiary every two (2) financial years	P2,200 per beneficiary every two (2) financial years
10. Associated Health Services			
	Standard	High	Premium
10.1 Chiropractic	P495 per beneficiary per annum	Up to P 700 per family	Up to P1,200 per family
10.2 Homeopathic and Naturopathic	P495 per beneficiary per annum	Up to P700 per family	Up to P1,200 per family
10.3 Accupuncture	Up to P950 per family	Up to P1,230 per family	Up to P1,500 per family

	Standard	High	Premium
11. Safe Male Circumcision (HIV prevention only)	No benefit	Up to P1,200 per case	Up to P1,200 per case
12. Surgical Contraception (pre-authorisation required)	No benefit	Up to AOL per family	Up to AOL per family
13. Specified Sickness Conditions (subject to pre-authorisation)			
13.1 Psychiatry Medicines	P5,000 per family	P7,100 per family	P12,000 per family
13.2 Chronic Medicines	No benefit	P12,100 per beneficiary	P13,200 per beneficiary
13.3 HIV/AIDS Medicines (anti-retroviral drugs only)	No benefit	P10,703 per beneficiary	P10,703 per beneficiary
14. Diagnostics	Standard	High	Premium
14.1 Pathology (non-HIV)	Up to AOL per family	Up to AOL per family	Up to AOL per family
14.2 HIV Pathology	Up to AOL per family	Up to AOL per family	Up to AOL per family
14.3 Basic Radiology	Up to AOL per family	Up to AOL per family	Up to AOL per family
14.4 Specialised Radiology (CT Scan, MRI Scan etc.)	Up to AOL per family	Up to AOL per family	Up to AOL per family
15. Wellness (Screening & Prevention) Benefits	Standard	High	Premium
15.1 Annual Health Check	No benefit	First and follow up wellness screening consultations for members aged 40 and above, once a year.	
15.2 Breast Cancer Screening	No benefit	Mammogram for women aged 40-70 years, once every two years.	
15.3 Cervical Cancer Screening	No benefit	Pap smear for women aged 25-55 years, once every two years. HPV test for women above 25 years, once every 2-5 years.	
15.4 Diabetes, Hyperlipidaemia & Cardiovascular Disease Screening	No benefit	Blood glucose test, full blood count and cholesterol test for members aged 40 years and above, once a year.	
15.5 HIV/AIDS Screening	No benefit	Rapid test for members aged 16 years and above, once a year.	
15.6 Prostate Cancer Screening	No benefit	Prostate Specific Antigen (PSA) test for men aged 40 years and above, once a year.	
15.7 Flu Vaccine	For beneficiaries aged 10 years and below, 65 years and above as well as those with selected chronic conditions, provided they are registered onto the Disease Management Program.		

DREAD DISEASE COVER

The annual Dread Disease Benefit, or a proportion thereof, shall be available to cover all or anyone (1) of the conditions listed below, subject to the Scheme Rules and preauthorisation. The Cover is provided as a benefit per family per annum regardless of family size and is extended to maintenance treatment of the qualifying conditions.

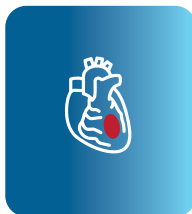
The Dread Disease Cover is available to members of the Premium and High Benefit Option only. For each of the two (2) benefit options the Dread Disease limits are as follows:



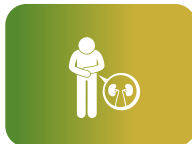
For purposes of providing health cover beyond the annual overall limit through the Dread Disease Benefit, the following list of dread diseases shall apply:



A Heart Attack is the death of a segment of heart muscle caused by a loss of blood supply. The blood is usually cut off when an artery supplying the heart muscle is blocked by a blood clot. If some of the heart muscle dies, a person experiences chest pain and electrical instability of the heart muscle tissue.



Coronary Heart Disease (CHD), also known as Ischemic Heart Disease (IHD), involves the reduction of blood flow to the heart muscle due to build-up of plaque in the arteries of the heart. It is the most common of the cardiovascular diseases. Stroke is a disease that affects the arteries leading to and within the brain. A stroke occurs when a blood vessel that carries oxygen and nutrient to the brain is either blocked by a clot or bursts (or ruptures).



Kidney Failure, also called End-Stage Renal Disease (ESRD), is the last stage of Chronic Kidney Disease. When your kidneys fail, it means they have stopped working well enough for you not to survive without dialysis or a kidney transplant.



Cancer Is a group of diseases involving abnormal cell growth with the potential to invade or spread to other parts of the body as opposed to benign tumours, which do not spread.



Organ Transplantation is a medical procedure in which an organ is removed from one body and placed in the body of a recipient, to replace a damaged or missing organ. The donor and recipient may be at the same location, or organs may be transported from a donor site to another location.



Paraplegia is an impairment in motor or sensory function of the lower extremities. The word comes from Ionic Greek "half-stricken". It is usually caused by spinal cord injury or a congenital condition that affects the neural (brain) elements of the spinal canal.



Blindness is a lack of vision. It may also refer to a loss of vision that cannot be corrected with glasses or contact lenses. Partial blindness means you have very limited vision. Complete blindness means you cannot see anything and DO NOT see light.



Systemic Lupus Erythematosus (SLE), also known simply as lupus, is an autoimmune disease in which the body's immune system mistakenly attacks healthy tissue in many parts of the body.



Multiple Sclerosis (MS), is an unpredictable, often disabling disease of the central nervous system that disrupts the flow of information within the brain, and between the brain and body.



Motor Vehicle Accident extends to both physical and mental injuries resulting from an event involving a vehicle accident.



Hepatitis C is an infectious disease caused by the hepatitis C virus (HCV) that primarily affects the liver. During the initial infection people often have mild or no symptoms. Occasionally a fever, dark urine, abdominal pain, and yellow tinged skin occurs.

BPOMAS MOBILE APP COMING SOON



SCOPE OF BENEFITS

The scope of benefits or levels of benefits are based on membership categories and the annual overall limit per benefit option.

Membership Categories

M	Member without dependants
M+1	Member with one (1) dependant
M+2	Member with two (2) dependants
M+3	Member with three (3) dependants
M+4	Member with four (4) dependants
M+5+	Member with five (5) or more dependants

Proration of Benefits in the First Year of Membership

In the first year of membership, the annual benefit maxima shall be based on the number of months left in that financial year.

Recognised Tariff

Recognise tariff in respect of various categories of health services shall mean; medical tariff, dental tariff, hospital tariffs and medicine cost as approved by the Scheme from time to time.

Co-Payments

The ten percent (10%) contribution towards the cost of services rendered must be paid by the member and, or dependant directly to the service provider.

The Scheme will pay one hundred percent (100%) of all bills incurred by the member/dependant, including the ten percent (10%) co-payment, where such bills are cumulatively in excess of Ten Thousand Pula (P10,000) in any one financial year, subject to availability of benefits and provided such payments are in accordance with Rule 19.

The Scheme will absorb one hundred percent (100%) of the VAT cost on in-hospital services for the local hospitals where VAT is applicable.



GENERAL MEDICAL PRACTITIONER (GP) CONSULTATION PER BENEFICIARY PER BENEFIT OPTION



The Scheme has removed General Practitioner consultation limits as of **1st April 2024**. This resolution was taken as per the 2023/2024 Annual General Meeting (AGM).



WAITING PERIODS

Generally, the Scheme doesn't apply waiting periods on the new members. A new member who has never been a member of any recognised medical aid scheme or has a break in membership of more than three (3) months will be subjected to the following waiting periods, where applicable:



LIMITED DENTISTRY

The waiting period for limited dentistry shall be twelve (12) months for a new member/beneficiary who joins the Scheme without previously having been a member of a recognised medical aid scheme for at least one (1) year.



MATERNITY

Any member/beneficiary who joins the Scheme without previously having been a member of a recognised medical aid scheme for at least one (1) year shall be excluded from maternity benefits for a period of nine (9) months.

Where a member has been with the Scheme for at least one (1) year, the member's wife shall be exempted from the maternity waiting period, whether or not the wife was previously a member of a recognised medical aid scheme.



BIRTH OR ADOPTION OF INFANTS

A member's infant child who after birth or adoption, is not registered as a dependant within thirty (30) days of birth or adoption, shall be excluded from benefit for a period of three (3) months.



PRE-EXISTING MEDICAL CONDITIONS

Any member/beneficiary who joins the Scheme without a previous medical aid cover for a period of one (1) year, and with an existing chronic medical condition, disorder or disability with the exception of HIV/AIDS which existed or exists at the time of admission as member or dependant, will be subjected to a two (2) year waiting period.



ADULT CHILD DEPENDANT

The waiting period for an adult child dependant (as defined under Rule 4.14.4) who applies after three (3) months of ceasing to be a member shall be three (3) months.



PARENT DEPENDANT

The waiting period for a parent dependant (as defined under Rule 4.14.5) shall be three (3) months.

DREAD DISEASE COVER FOR THE HIGH AND PREMIUM BENEFIT OPTIONS

1. The Dread Disease Cover for the High Option is limited to One Hundred and Sixty-Five Pula (P165,000) per member per annum.
2. The Dread Disease Cover for the Premium Benefit Option is limited to Three Hundred Thousand Pula (P300,000) per member per annum.

LIMITATION OF BENEFITS

1. The maximum benefits to which a member and his/her dependants shall be entitled in any financial year shall be limited as set out in the Benefits and Contributions Schedule published by the Scheme from time to time.
2. All new members admitted during the course of a financial year shall be entitled to the benefits set out in the Benefits and Contributions Schedule with the maximum benefits pro-rated to the period of membership from the date of admission to the end of the particular financial year.
3. In cases of illness of a protracted nature, the Scheme shall have the right to insist upon a member or dependant of a member consulting any particular specialist the Scheme may nominate in consultation with the attending practitioner. In such cases, if the specialist's advice is not acted upon, no further benefits will be allowed for that particular illness.
4. In cases where a specialist, except an eye specialist or gynaecologist, is consulted without the recommendation of a general practitioner, the benefit allowed by the Scheme may be limited to the amount that would have been paid to the general practitioner for the same service.
5. Unless otherwise approved by the Scheme, benefits in respect of medicines obtained on a prescription are limited to one month's supply (or to the nearest unbroken pack) for every such prescription or repeat thereof.

BENEFITS EXCLUDED

6. All costs incurred for treatment or surgery not medically necessary for obesity.
7. All costs for operations, medicines, treatments and procedures for cosmetic purposes.

8. All costs related to willfully self-inflicted injuries.
9. All costs for the treatment of erectile dysfunction, infertility, including artificial insemination of a person (Intro-Vitro Fertilisation (IVF)).
10. All costs in respect of injuries arising from speed contests and speed trials.
11. All costs that are in excess of the annual maximum benefit to which a member is entitled in terms of the Rules of the Scheme.
12. All costs in respect of sickness conditions that were specifically excluded from benefits when the member joined the Scheme.
13. All costs of whatsoever nature for treatment of sickness conditions or injuries sustained by a member or a dependant and for which any other party may be liable, unless the Scheme is satisfied that there is no reasonable prospect of the member or dependant recovering adequate damages from the other party.
14. All costs incurred for treatment of an illness or injury sustained by a member or a dependant of a member where such illness or injury is directly attributable to failure to carry out the instructions of the health practitioner or negligence on the part of the member or dependant.
15. The purchase of medicines not included in a prescription from a person legally entitled to prescribe.
- 16. All costs for services rendered by:**
 - i. any person not registered with the Botswana Health Professions Council or similar body or with the Botswana Nursing and Midwifery Council or similar body of the country in which he practices,
 - ii. any place, nursing or similar institution, except a state hospital, not registered in terms of the applicable legislation as a private hospital, nursing home, unattached theatre or day clinic and any institution not licensed in terms of the appropriate legislation of the country concerned.
- 17. Purchase of:**
 - i. patent medicines and proprietary preparations,
 - ii. applicators, toiletries and beauty preparations,
 - iii. bandages, cotton wool and similar aids,
 - iv. patented foods, including baby foods,
 - v. contraceptives and apparatus to prevent pregnancy,
 - vi. tonics, slimming preparations and drugs as advertised to the public,
 - vii. household and biochemical remedies.
18. All costs for vaccinations, except vaccinations approved for cover by the Scheme.
19. All costs for prophylactic treatment, except for HIV/AIDS related opportunistic infections and conditions/incidents that are recognised by the Scheme from time to time.
20. All costs for medical examinations other than those ordered by a medical doctor in order to determine treatment for a sickness condition.
21. All costs for holidays undertaken for recuperative purposes.



CHRONIC MEDICINES BENEFIT

Chronic medicines are used on an ongoing basis to treat long-lasting (chronic) illnesses that can be disabling and/or potentially life-threatening, such as diabetes or high blood pressure. These illnesses have a negative effect on your quality of life. Chronic medicines need to be taken regularly, over a long period to manage the symptoms or control the effects of the chronic illness.

You, your doctor, or your pharmacist may call **+267 316 8900** or email managedcare@bpomas.co.bw to obtain authorisation for new chronic conditions. Medicines will be paid from the chronic medicines benefit only if your conditions has been pre-authorized or registered.

STEPS TO REGISTER FOR THE CHRONIC MEDICINES BENEFIT

STEP 1

You have been diagnosed with a Chronic Condition.

STEP 2

You are required to register the chronic condition. To register, Download the **CHRONIC MEDICINES APPLICATION FORM** from the BPOMAS website, www.bpomas.co.bw. Alternatively you may call **+267 316 8900** or email managedcare@bpomas.co.bw to request for one.

STEP 3

You will have your doctor to fill in this document and attach necessary or required documentation.

STEP 4

Submit the completed form and supporting documents by:

Email: managedcare@bpomas.co.bw or
hand deliver to any of our offices closer to you or
Fax to **+267 316 8910**

MANAGING YOUR MEMBERSHIP

There are various scenarios or incidents that could warrant your membership to be suspended and thus being inactive. These may include and not limited to non-payment of monthly subscriptions. Some examples that may lead to suspension of an account or member may include:

- i) Not informing the Scheme of the Principal Member's employment transfer.
- ii) A member who is retiring and does not inform the Scheme of their wish to continue their medical aid cover.
- iii) A child dependant who turns 21 years of age and is a student but does not submit proof of schooling.
- iv) Not notifying the Scheme of any changes regarding their details, such as banking information, change of surname, email, or postal address, to ensure they receive all communications sent out by the Scheme regarding the status of their membership.

1. Employee / Member Transfer

STEP 1

Download form from our website www.bpomas.co.bw and click on information centre to access form

STEP 2

- Complete the form, make sure you complete all sections in full
- Ensure it is completed, signed and stamped by your employer

STEP 3

Send completed form and supporting documents to:

- Scan and email: membership@bpomas.co.bw
- Hand deliver to our offices
- Fax: +267 316 8910

2. Pensioner Membership

Active members who wish to continue with their membership after retirement are required to provide the following:

- Letter of retirement from the public service issued by employer
- Letter from the member informing us about their retirement and interest in continuation with membership cover.

NB: Documents must be provided 3 months before retirement.
Send supporting documents to:

- Scan and email: membership@bpomas.co.bw
- Hand deliver to our offices
- Fax: +267 316 8910

3. Child Dependant School Confirmation

Procedure to Follow for submission

STEP 1

- Visit our website www.bpomas.co.bw and download the child dependant school confirmation form or contact **+267 316 8900** and have it emailed to you, then click on information centre to access form

STEP 2

- Principal member to complete section 1 and 2 of the form
- Form to be signed and completed at the academic institution in section 3

STEP 3

Send completed form to:

- Scan and email: membership@bpomas.co.bw
- Hand deliver to our offices
- Fax: +267 316 8910

4. Amendment Of Membership Record

STEP 1

Download form from our website www.bpomas.co.bw and click on information centre to access form

STEP 2

- Complete the form, make sure you complete all sections in full
- Ensure you attach the relevent documents i.e if amending banking details attach payslip/bank statement

STEP 3

Send completed form to:

- Scan and email: membership@bpomas.co.bw
- Hand deliver to our offices
- Fax: +267 316 8910



5 REASONS WHY PREVENTATIVE HEALTH CARE SUPPORTS YOU

BPOMAS
helps you take good care of your health by providing members with new and comprehensive screening and preventative care benefits. Page 25 has more details.

1

It can save your life

Preventative services like cancer screenings can find problems before you have symptoms, so tackle them while they're easier to treat

2

It can stop you from getting sick

Sometimes, preventative care can keep health problems from developing altogether

3

3. It can give you peace of mind

Regular check-ups give you the chance to share concerns and ask questions about your health so you can get the support you need

4

It can save you money

Finding health problems earlier can help you avoid costly medical bills later

5

It can help you be there—and feeling your best for the people that matter to you.

Finding health problems earlier can help you avoid costly medical bills later

PRESERVING WELLNESS: HEALTH SCREENING AND PREVENTION

BPOMAS is pleased to introduce all new Wellness (Screening & Preventative) Benefits through this comprehensive guide. The Scheme understands the importance of proactive healthcare measures in promoting well-being and preventing diseases, hence the commitment to providing you with access to a range of screening and preventative services aimed at identifying health risks early and supporting your journey towards optimal health.

From routine screenings for Chronic Medical Conditions, to preventative interventions and wellness programs, a benefits package has been designed to empower you to take charge of your health and make informed decisions about your care.

The goal is to ensure that you have the tools, resources, and support you need to stay healthy, detect health issues early and minimize the risk of preventable diseases. By taking advantage of the wellness services covered under your plan, you can proactively manage your health, improve your quality of life, and potentially reduce healthcare costs in the long run.



WELLNESS BENEFITS



ANNUAL HEALTH CHECK: For members aged 40 years and above, once a year.



BREAST CANCER SCREENING: Mammogram for women aged 40-70 years, once every two (2) years.



CERVICAL CANCER SCREENING: Pap Smear test for women aged 25-55 years, every two (2) years. Human Papilloma Virus (HPV) test for women aged 25 years and above, once every 2 - 5 years.



DIABETES & CARDIOVASCULAR DISEASE SCREENING: Blood Glucose test, Full Blood Count and Cholesterol tests for members aged 40 years and above, once a year.



HIV/AIDS SCREENING: HIV Rapid test for members aged 16 years and above, once a year.



PROSTATE CANCER SCREENING: For men aged 40 years and above, once every two (2) years.



FLU VACCINE: For children aged 6 months-10 years, elderly members aged 65 years and above and members enrolled under the Chronic Disease Programme, once a year.

GET YOUR FREE FLU VACCINE SHOT

BPOMAS offers 100% Flu vaccine cover for all members:

- Children aged **6 months - 10 years**
- Elderly members aged **65 years** and above.
- Enrolled Chronic patients.



2024/25

MONTHLY CONTRIBUTIONS

WHAT TO PAY

THIS WILL DEPEND ON:

1. The benefit option you choose
2. How much your basic salary is
3. How many dependants you cover
4. M+ means Member plus

STANDARD BENEFIT OPTION		Member					
Monthly Basic Salary		M	M+1	M+2	M+3	M+4	M+5+
SCALE A & B	Member	87	113	118	125	146	160
	Employer	350	449	470	503	583	641
			M+1	M+2	M+3	M+4	M+5+
SCALE C & ABOVE	Member	219	281	294	314	365	400
	Employer	219	281	294	314	365	400

HIGH BENEFIT OPTION		Member					
Monthly Basic Salary		M	M+1	M+2	M+3	M+4	M+5+
UP TO P3,500	Member	393	586	609	661	702	751
	Employer	393	586	609	661	702	751
P3,501-P5,500	Member	506	650	710	776	834	915
	Employer	506	650	710	776	834	915
P5,501-P8,000	Member	593	697	785	861	935	1,015
	Employer	593	697	785	861	935	1,015
P8,001+	Member	624	739	826	915	992	1,071
	Employer	624	739	826	915	992	1,071

PREMIUM BENEFIT OPTION		Principal Member	Adult Dependand	Child Dependand
Monthly Basic Salary		PM	AD	CD
UP TO P3,500	Member	607	363	243
	Employer	607	363	243
P3501-P5,500	Member	780	468	312
	Employer	780	468	312
P5501-P8,000	Member	911	549	370
	Employer	911	549	370
P8,001+	Member	961	578	386
	Employer	961	578	386

INDIVIDUAL BENEFIT			
Membership Category	Standard (P)	High (P)	Premium (P)
Grandchildren Under 21 years	158	291	571
Adult Child Dependand (21-30 years)	340	535	800
Adult Child Dependand (31-35 years)	351	677	1,145
Parent Dependand	444	1,768	N/A

LATE JOINER PENALTY

Any applicant who is fifty (50) years of age or older who was not a member of one or more medical schemes at the time of joining the Scheme will incur a penalty by way of additional contributions as per Scheme rules as follows;

Years member was not a member of medical aid since the age of 50	Late joiner penalty
1-4 years	1.25
5-14 years	1.5
15-24 years	1.75
25 years +	2

Example: A first time new member applicant who joins the medical aid as the only dependand at age 56, with a monthly basic salary of P13,000 under the High Benefit Option would pay P936.

Monthly Premium: P538	P624 x 1.5
Late penalty fee: 1.5 *	P936

MEMBER RIGHTS AND RESPONSIBILITIES

YOUR RESPONSIBILITY AS A MEMBER

1. Familiarise yourself with the BPOMAS Rule Book to ensure that you know your rights, responsibilities and benefit entitlements. Access the Rule Book at www.bpomas.co.bw
2. Your benefits may change annually or during the year and it is, therefore, important to keep track of changes before the beginning of each calendar year.
3. Ensure that you promptly update your personal information, bank details and status of beneficiaries when changes occur. Update to membership@bpomas.co.bw
4. Contact details are used when the Scheme communicates to members on a frequent basis and bank detail changes are important for monthly contribution deductions (if applicable) and claims refunds.

NEW MEMBERS

1. Please provide the Scheme with your most recent contact details, e.g. telephone number, cellphone number, residential and postal address, and email address. This will ensure that all Scheme communication and/or other items you may have requested, e.g. a replacement membership card, are delivered to you.
2. Please be on the lookout of communication to confirm the address for the delivery of your card.



WHEN YOU CLAIM

the account must be submitted and reach the Scheme before the end of the fourth month from the last date of the service rendered as stated on the account.



BPOMAS MAY REQUEST

pre-authorisation in respect of certain benefits.



Participate in the Decision making of the Scheme.

By attending the Annual General Meetings.



It remains a member's responsibility to ensure that his/her

CONTRIBUTIONS

to the Scheme are up-to-date and correct, even in a case where the employer facilitates the payments.



The Scheme may terminate or suspend your membership when you submit

FRAUDULENT CLAIMS

or commit other fraudulent acts.

ADDITIONAL BENEFITS

Funeral Benefit

The Scheme provides a funeral benefit at no additional cost to the member. To claim for the funeral benefit, the following benefits are to be provided:

1. Death certificate of the deceased (strictly certified by Department of Civil and National Registration)
2. Certified copy of ID of the claimant
3. Proof of residence of the claimant (Confirmation letter from employer, lease agreement, affidavit attached)
4. Proof of bank account of the claimant

Moreover, please note the below:

1. The claim is valid for six (6) months from the time of death.
2. If the deceased was the Principal Member, and the beneficiary is not the legal spouse to the deceased, then a nomination letter from the Village Chief or Customary court is required. The letter must be signed by at least 3 family members who must also attach their certified copies of national IDs.
3. If the deceased was a child, a birth certificate (strictly certified by the Department of Civil and National Registration) is required.
4. If the deceased was a spouse, a certified copy of marriage certificate is required.
5. Claims to be submitted at any Metropolitan office countrywide.

Benefit Option	Member	Member's Spouse	Child 16 years & over but less than 21 years	Child 6 years & over but less than 16 years	Child less than 6 years (including stillborn children)
PREMIUM BENEFIT (P)	P12,500	P12,500	P9,350	P4,000	P2,000
HIGH BENEFIT (P)	P10,000	P10,000	P7,500	P3,000	P1,800
STANDARD BENEFIT (P)	P5,000	P5,000	P3,750	P1,800	P1,200



AT NO EXTRA COST

PREMIUM WAIVER

The Scheme will continue to cover your loved ones to access services, for a period of six (6) months after the death of the Principal Member. When the Principal Member passes on, his or her dependants (those covered under the membership at the time of death) will continue to be covered by BPOMAS for a period of six (6) months without them paying monthly contributions. The dependants will continue to enjoy all the Scheme's benefits during this time.

How does it work?

1. The family notifies the Scheme on the passing of the Principal Member and claim for the funeral benefit.
2. The dependants (those who had been covered at the time of death) will have cover for six (6) months with zero (0) monthly contributions.
3. This benefit applies to all benefit options including individual membership covers (Grandchild, Adult Child and Parent Dependant Cover)



Members



Dependants

06 Months cover from the time of death.

Underwritten by  METROPOLITAN
together we can

AT NO EXTRA COST



24HR EMERGENCY MEDICAL SERVICES (EMS)

A BPOMAS Member is entitled to services such as;

24HR Emergency Medical Evacuation

In-Hospital Monitoring

EA991 will monitor the member's medical condition in the hospital and will keep nominated parties updated as per patient's instructions.

24HR Medical Information Call Centre

EA991 also provides expert medical advice telephonically to our clients available on a **24/7 hour** basis. The emergency call centre is manned by experienced call centre agents and onsite paramedics.

24HR Medical Repatriation

After medical treatment outside Botswana (within the SADC Region), EA991 may repatriate the member back to Botswana. In the unfortunate event of death after a member had been evacuated from Botswana, the service provider will assist with the repatriation of the mortal remains back to Botswana.

24HR Escort of Minors

EA991 will take care and provide escorted transport to stranded minors of hospitalised or deceased parents or guardians.

The available services include:

In the event of an emergency, the member calls **991** or **390 4537** to request for assistance. Our call centre will require the below to assist the caller;

- Provide BPOMAS membership or ID number for confirmation purposes
- Describe the situation as concisely as possible as this will inform the level of assistance required by caller
- Provide location for ambulance dispatch
- Contact details of the caller

24HR Inter-Hospital Transfer

EA991 or reciprocal service provider will provide member transfers between hospitals when advanced medical care is required. Models of transport include dedicated ICU air and group ambulances.

24HR Emergency Medical Assistance & Support Call Centre

These services are provided at no cost to the member. The emergency centre can be contacted at **991 or 390 4537, 24/7/365 Days.**



FREQUENTLY ASKED QUESTIONS

1. How long does it take for my membership to effect?

BPOMAS takes 2-3 weeks to process new application forms. Successful applicants are notified via text message with the membership numbers and benefit start date.

2. Where do I get or access my medical aid card after I become effective?

Membership cards are automatically sent to new member applicants via their postal addresses/boxes.

3. What is the procedure of card replacement?

Simply complete the card request form or write a letter requesting a replacement. Submit the document via email, fax or hand deliver to any of our offices and your card will be replaced. Note that card replacement costs P10.00 per card.

4. How long does it take to pay claims (local/international)?

BPOMAS claims processing time is 14 days and processing time may vary if claims submission requirements are not met.

5. What is the criterion for assessment of claims?

Should you pay for services, claims will be reimbursed at **90%** of the invoiced amount from the healthcare service provider, provided there is proof, and it does not exceed the agreed tariff.

NB: All claims are paid in accordance with the scheme rules and subject to availability of benefits.

6. When do I qualify for 10% member co-payment exemption?

When your **10%** member co-payments total **P1,000** within the given financial year, an exemption letter is generated and sent via email or post. The exemption will be effective only for the remainder of that financial year. The Scheme financial year is 1st April to 31st March of the following year. An exempted member is notified via text.

7. Am I covered for medical procedures outside Botswana?

Yes, BPOMAS requires a doctors motivation/referral for pre-authorization. Pre- authorisations are confirmed within **24 hours**.

8. Am I allowed to settle my medical bills and claim from the Scheme?

Yes, Members who have settled their medical bills in full are required to submit invoices for claims.

9. How do I register a newborn?

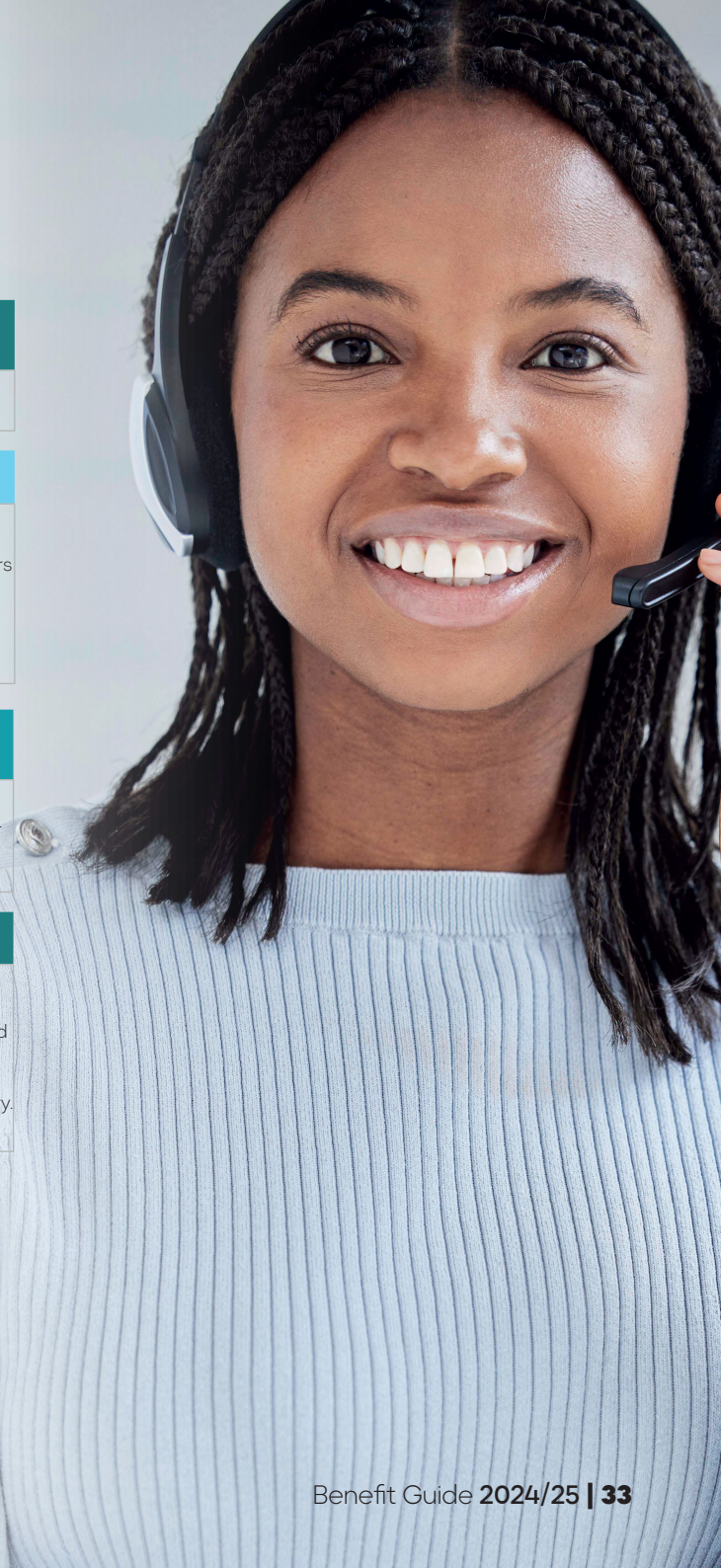
BPOMAS provides immediate cover for newborns. The newborn have to covered within 30 days after birth. Newborns added after 30 days will be subjected to three (3) months waiting period. To register newborns, members complete the Registration of Additional dependant form and attach certified copy of birth certificate. Documents can be emailed to **memership@bpomas.co.bw** or be hand delivered to HRMB offices in Gaborone or Francistown.

10. What happens to my child dependants when they turn 21?

Children are covered until the age of 21. If the child dependant is still in school/tertiary, they are covered until completion of their studies or up until they turn 25 years. A letter from school has to be submitted every year confirming that the child is still in school.

11. What happens to my membership when I retire?

Members that have been with the medical aid for at least 1 year before retirement have an opportunity to continue with their medical aid. The government will continue to pay **50%** towards the monthly subscription and the member **50%**. Members are required to notify the Scheme three (3) months before retirement of the intention to retire so that arrangements can be made on how to pay the monthly premium before the pension salary. Pensioner membership is for life.



YOUR FEEDBACK MATTERS: Complaints and Compliments Procedure

We are committed to providing exceptional services and experiences to our valued customers and stakeholders. Your feedback plays a crucial role in helping us understand what we are doing well and where we can improve. That is why we have established a comprehensive Complaints and Compliments Procedure to ensure that your voice is heard and that we continually strive to meet and exceed your expectations.

What is a Complaint?

A complaint is an expression of dissatisfaction or grievance communicated by an individual or group regarding a particular issue, situation, product, service, or experience.

What is a Compliment?

A compliment is an expression of praise, admiration, or appreciation conveyed to someone for their actions, qualities, service, achievements, or appearance.

Why your Feedback Matters:

- **Your Feedback:** Whether it is a complaint highlighting an issue you have encountered or a compliment recognizing outstanding service or quality—provides us with valuable insights that help us.
- **Improve Our Services:** Identifying areas where we fall short allows us to make necessary improvements to enhance your overall experience.
- **Recognize Excellence:** Your compliments motivate and inspire our team members to continue delivering exceptional service and quality.
- **Build Trust and Loyalty:** By actively listening to your feedback and taking appropriate action, we demonstrate our commitment to your satisfaction and earn your trust and loyalty.

COMPLAINTS AND COMPLIMENTS PROCEDURE

Botswana Public Officers Medical Aid Scheme (**BPOMAS**) aims to provide high quality standard customer service to our valued members. This is in line with BPOMAS Mission and Values. Should you have feedback/complaints regarding our products and services, we would like to hear from you. Please see the below step by step on how to lodge your complaint via email (feedback@bpomas.co.bw) or call +267 316 8900 (HRMB) or +267 370 2900 (BPOMAS) or walk in at HRMB office (The Fields Precinct, Ground Floor, CBD,) or BPOMAS office (Fairscape Precinct, Third Floor, Fairgrounds).

- Step 1** Do you have a complaint? Reach out to the BPOMAS Administrator, Health Risk Management Botswana (HRMB) Client Service Manager
- Step 2** If unsatisfied with the outcome from the Client Service Manager, reach out to the CEO of HRMB
- Step 3** If unsatisfied with the response from Administrator (HRMB), escalate to BPOMAS Operations Manager
- Step 4** If unsatisfied with the outcome from the Operations Manager, escalate to the BPOMAS Principal Officer
- Step 5** If unsatisfied with the response from BPOMAS Principal Officer, escalate to BPOMAS Management Committee (ManCo)
- Step 6** If unsatisfied with the response from BPOMAS ManCo, escalate to the Regulator, NBFIRA

Kindly note that during the process of complaints handling any client data/information collected in relation to the complaint will be processed specifically for the purpose of resolving the complaint and shall be kept confidential at all times.

NBFIRA ADDRESS

Non-Banking Institutions Regulatory Authority
(NBFIRA)
Third Floor, Exponential Building
Plot 54351, New CBD
Off PG Matante Road
Gaborone

Private Bag 00314, Gaborone
Tel: +267 310 2595/ 368 6100
Fax: +267 310 2376/ 310 2353

PROTECTION OF PERSONAL INFORMATION

The Data Protection Act, 2018 (DPA) empowers the Information and Data Protection Commission, among others, to monitor and enforce compliance with the provisions of DPA by public and private bodies.

The DPA seeks to protect the personal information of all data subjects, while striking a balance between the right to privacy and the need for the free flow and access to information, in order to regulate how personal information is processed. The DPA is applicable to any organisation that keeps any type of records relating to personally identifiable information. It sets the minimum standards for the protection of personal information and regulates the processing of personal information. Processing includes collecting, receiving, recording, organising, retrieving, using, and dissemination of such information. Members of BPOMAS are protected in terms of the DPA.

The Scheme values your privacy and is committed to honouring your right to privacy. Delivering essential medical aid services requires that we maintain the utmost trust of our members. We strive to achieve this goal through:

Transparency: We are transparent about how we collect personal information. Our data protection policy explains who we are, how we collect, share and use personal information about our members, and how they can exercise their privacy rights.

Data Minimization: We ensure that, where possible, the collection of personal information is minimal in an effort to anonymize the tools that collect information.

Security Safeguards: We endeavour to implement strategies that ensure the safe custody of personal information to prevent it from accidental or unlawful destruction, loss, alteration, unauthorised disclosure of, or access to, personal data transmitted, stored or otherwise processed.

Regulatory Compliance: In light of evolving privacy regulations, privacy compliance is a core consideration at BPOMAS.

For more information contact the Data Protection Officer
Tel: **+267 3702948**
Email: **dataprotection@bpomas.co.bw**



BPOMAS HEAD OFFICE

Botswana Public Officer's Medical Aid Scheme
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BPOMAS FRANCISTOWN OFFICE

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Fax: +267 241 2089

Sales and Marketing Department

Email: marketing@bpomas.co.bw

Marketing Gaborone

Tel: +267 370 2907
Fax: +267 397 2402

Marketing Francistown

Tel: +267 241 2089
Fax: +267 241 2089

BPOMAS ADMINISTRATOR

Health Risk Management Botswana (HRMB)

GABORONE BRANCH

Plot 54349, Ground Floor, West Wing,
The Field Precinct, CBD
P/Bag 00477, Gaborone, Botswana
Tel: +267 316 8900/8901
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FRANCISTOWN BRANCH

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