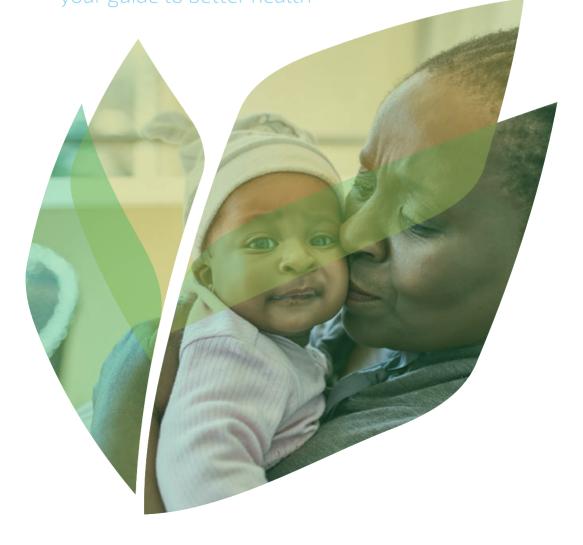
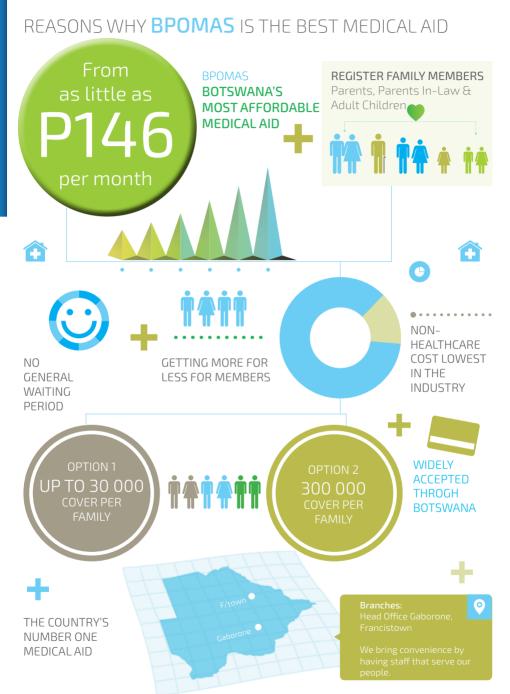


Scheme & Benefit Guide your guide to better health





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FOREWORD

Foreword from the Principal Officer (PO)

On behalf of Botswana Public Officers Medical Aid Scheme (the Scheme), I wish to take this opportunity to thank you for your continued membership over the years. We will endeavour to ensure sustainable, comprehensive and meaningful medical aid coverage for you as a **BPOMAS** beneficiary into the future. It is with this we present new and exciting developments effective 1st April 2019. These are:

1. Absorption of VAT on in-patient services



We are pleased to inform you that members will no longer be required to pay **VAT** for local hospitalisation (hospital admissions). The Scheme will absorb **100%** of the **VAT** cost as charged by local hospitals, subject to the facility complying with the Scheme tariffs. Please note that this exemption applies only to hospitalization that would have been pre-authorized and/ or case managed by the Scheme.

Benefits adjustments

A number of benefits that had been historically exhausted, have received adjustments based on usage. These are maternity (both normal and c-section), limited dentistry, optical, HIV, chronic and dread disease. Detailed amounts are in the benefit tables.

3. Introduction of individual membership



I am pleased to inform you of the introduction of the individual "dependent" membership. Whereas the Scheme has previously only been admitting to membership only those that are employed by the Botswana Government, the new Individual dependent membership dispensation allows the Scheme to start admitting to membership dependents of members of BPOMAS as follows:



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3.1 Adult child dependent – member's child between 21 years and 35 years of age who is not in receipt of income not more than minimum wage paid by the Government of Botswana.

3.2 Parent dependent –members' biological or adoptive mother or father, biological or adoptive mother or father of a spouse, who is not a pensioner as per the Scheme rules and not more than **65 years** of age at the time of entry.

We are cognisant of the ever-changing landscape, to which end, BPOMAS will endeavour to restore the Scheme to be the industry leader.

Let me take this opportunity to thank you, our devoted member, for your continual support.

Thulaganyo Molebatsi BPOMAS Principal Officer

Adult-Child Dependant and Parents cover

Members are now able to cover their loved ones who are not in receipt of income and are financially dependent on them. The Scheme took it upon itself to cover two classes of dependents:

a. Adult Child Dependant

BPOMAS principal member can now cover their child(ren), who;

- is between 21 years and 35 years of age and,
- is not in receipt of income not more than minimum wage paid by the Government of Botswana, from time to time and has been a beneficiary of the Scheme for a continuous period of one (1) year.
- within three (3) months after the date on which s/he ceased to be a member, to continue as an individual dependent member; such a member must be a dependent of a fully paid up member of BPOMAS.

b. Parent Dependent

- A members' biological/adoptive mother or father and/or the biological/ adoptive mother or father of a spouse who is not a pensioner as per the Scheme rules and who is not more than 65 years of age at the time of entry.
- Each fully paid up Principal member of BPOMAS shall be allowed to cover up-to a maximum of four (4) parents

Please note that both adult child and parent dependents as defined above, who are admitted into individual dependent membership will have their own medical aid cover; as though they were principal members.

However, continued membership shall be subject to the substantive principal member continuing to be a fully paid up BPOMAS member The Principal Member shall be liable to pay 100% of the monthly contribution for adult child and parent dependents.









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Funeral Benefits

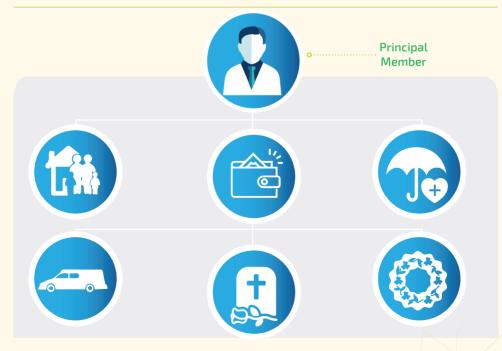
BPOMAS provides a funeral benefit to you and your loved ones at no additional cost in the event of the passing of the principal member and/or dependents. The claim is valid for 6months and to be claimed, the following has to be provided;

- Certified death certificate
- The principal member has to nominate a beneficiary to accept the payment.

Nomination should be endorsed by Tribal Authority and the District Commissioner.

The table below shows the detailed funeral benefits

	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 OPTION (P)	12 500	12 500	9 350	4 000	2 000
HIGH BENEFIT OPTION (P)	10 000	10 000	7 500	3 000	1800
STANDARD BENEFIT OPTION (P)	5 000	5 000	3 750	1800	1200



Premium Waiver

With the warmest thoughts, **BPOMAS** will continue to cover your loved ones to access services, for a period of **6** months after death of the principal member.

When the Principal (main) member passes on, his or her dependents (those covered under their membership) will continue to be covered by **BPOMAS** for a period of 6 months without them paying monthly contributions.

The dependents 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 dependents (those who had been covered at time of death) will have cover for 6 months without paying monthly contributions.







months covered at time of death



ADD ON'S

Buy additional cover for funeral benefit, premium waiver and critical illness benefit. The below tables illustrate how to.

Additional Funeral Cover	Extended Family Funeral Cover
P1,000 extra at P1.05 per month	P5,000 extra at P3.60 per month
P2,000 extra at P2.10 per month	Extended family P5,000 cover at P2.40
P5,000 extra at P5.25 per month	* 6 months waiting period

Premium Waiver Cover Add on

Standard Option	High Option	Premium Option
12 months at P2.90	12 months at P7.10	12 months at P11.60
24 months at P5.70	24 months at P14.10	24 months at P21.60
36 months at P8.50	36 months at P21.10	36 months at P32.40

*No waiting period

Critical Illness

Member only at P2.80 (P25.000 cover)

Member and spouse at **P5.60** (**P25.000** each)

*6 months waiting period

*Sign up is simple, just complete the 'ADD-ON' form and submit



Have you planned ahead for unforseen situations like a **Critical Illness**?

MEMBER CO-PAYMENT

PREMIUM & HIGH: BPOMAS pays **90%**, beneficiary pays **10%** and **VAT** (where applicable). For local hospitalisation, **BPOMAS** will absorb **VAT**.

For member co-payments totalling **P1,000** in one financial year, the member will be exempted on paying **10%** co-payment for the rest of the financial year,(Premium and High benefit members only).

STANDARD: BPOMAS pays 100%, beneficiary pays VAT only.

	Annual and other limits in Pula		
	PREMIUM BENEFIT OPTION (P)	HIGH BENEFIT OPTION (P)	STANDARD BENEFIT OPTION (P)
Annual Benefit Cover	P500,000 per family	P300,000 per family	Up to P30,000 per family
Annual Overal Limits	P200,000 per family P150,000 per family		op to PSO,000 per family
1. Medical Practitioner	S		
1.1 General Practitioners & Medical Specialists, including Psychiatrists	Up to annual overall limit per family	Up to annual overal limit per family	Up to annual overal limit per family
1.2 Maternity Benefits			
1.2.1 Normal	P8,800 per beneficiary	P8,800 per beneficiary	P8,000 per beneficiary
1.2.2 Caesarean	P13,650 per beneficiary	P13,283 per beneficiary	P12,650 per beneficiary
2. Physiotherapy	Up to annual overall medical doctor	limit and upon referra	l by a
3. Dentistry			
3.1 Maxillofacial & Oral Surgery			
3.2 Conservative dentistry including plastic based dentures	Up to annual overall limit	Up to annual overal limit	ll Up to annual overall limit
3.3 Limited Dentistry Inlays crowns, bridgework, study models, metal base dentures and the repair, periodontics, prosthodontics and orthodontics	, P8,000 per family per annum	P6,600 per family per annum	P3,300 per family per annum

4. Medicine (non-antiretroviral drugs)				
4.1 Overall Medicines Limit	Up to P8,600 per family	Up to P8,015 per family	Up to P9,420 per family	
4.1.1 Pharmacy Only Medicines (Over the Counter medicines	Up to P2,580 per family	Up to P2,400 per family	Up to P2,830 per family	
4.1.2 Prescription Only Medicines	Up to P6,020 per family	Up to P5,615 per family	Up to P6,590 per family	
4.1.3 Injection materials supplied by a medical pratitioner, Dentists or authorised health professional	Up to overal medicines limit (i.e. Up to 4.1)	Up to overal medicines limit (i.e. Up to 4.1)	Up to the overall medicines limit	
5. Government and Priva	ate Hospitals (in-pat	ients)	0	
5.1. Accommodation (general ward)				
5.2. Intensive Care or High Care			A total of P350 per	
5.3. Recovery Room Fees	Up to annual overall limit per family	Up to annual overall limit per family	day for all under categories	
5.4. Medicines, materials & apparatus			5.1 to 5.5 per family	
5.5. Theatre Fees				
5.6. Prosthesis used in surgery	Up to P30,000 per case per annum	Up to P22 000 per case per annum	P5,300 per case	
6. Allied Health Services	5		S	
6.1. Audiology and/or Speech Therapy			P2,800 per family	
6.2.Dietician (Doctor's referral required)	P7,200 (For any one of or a combination of 6.1 to 6.4) per family	P6,300 (For any one of or a combination of 6.1 to 6.4) per family	P1,400 per family	
6.3 Clinical Psychology	Tarriity		P1,400 per family	
6.4.Occupational Therapy			P1,400 per family	
6.5. Ambulance (Inter- hospital transfer)	P3,500 per case	P1,115 per case	P560 per family	

6. Allied Health Services (continued)

6.6.Blood Transfusion	Up to annual overall limit		
6.7 Chiropody	P1,600 per family	P1,400 per family	P1,400 per family
6.8 Medical Assistive Device	Up to P7,500 per family	P5,300 per family per annum	P4,500 per family
6.9 Medical and Surgical Appliances	Up to P1,200 per family	Up to P1,245 per family	Up to P640 per family
6.10 Consulting Nurse (Family Nurse Practitioner)	At a consultation tariff medical practitioner	equivalent to half that	for a a general
6.11 Step-down Facility 6.12 Home Based Nursing	At agreed tariff maximum 21 days in any one financial year per family	At agreed tariff maximum 21 days in any one financial year per family	Not available
	Up to P3,500 per family	Up to P875 per family	Not available
6.13 Wheel chair	Up to P3,500 per beneficiary once every three (3) financial years	Up to P3,200 per beneficiary once every three (3) financial years	Not available
7. Optical			Ó
7.1 Eye test by Optometrist	At agreed tarrif	At agreed tarrif	At agreed tarrif
7.2 Orthoptistry	P670 per beneficiary per two (2) financial years	P670 per beneficiary per two (2) financial years	Up to P840 per two (2) financial years
7.3 Spectacles and Contact lenses solutions	P2,200 per beneficiary per two (2) financial years	P1,980 per beneficiary per two (2) financial years	P1,045 per beneficiary per two (2) financial years
8. Associated Health Ser	vices		
8.1 Chiropractic	Up to P1,200 per family	Up to P700 per family	P495 per person per annum
8.2 Homeopathic/ Naturopathy	Up to P1,200 per family	Up to P700 per family	P495 per person per annum

9. Acupuncture			
	P1,500 per family	Up to P1,230 per family	P950 per family
10. Safe Male Circumcisio	n (HIV prevention or	ıly)	
	Up to a maxium of P1,200 per case	Up to a maxium of P1,200 per case	N/A
11. Surgical Contraception	n (Pre-authorisation	required)	\bigcirc
	Up to annual overall limit per family	Up to annual overall limit per family	N/A
12. Specified Sickness Cor	nditions (Subject to F	Pre-Authorisation)	2
12.1 Psychiatry Medicines	P12,000 per family	P7,100 per family	P5,000 per family
12.2Alcoholism and/or Drug addiction (Rehabilitation)	P12,000 per family	P3,200 per family	P3,200 per family
12.3HIV/AIDS (Antiretroviral drugs only)	P10,703 per beneficiary	P10,703 per beneficiary	N/A
12.4Chronic Medication	P12,000 per beneficiary	P11,000 per beneficiary	N/A



Definition/Description of Dread Disease Cover/Benefit

The annual Dread Disease Benefit or a proportion thereof shall be available to cover all or any one (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 Benefit Option and High Benefit Option only. For each of the two (2) benefit options the annual overall limits are as follows:

- a) PREMIUM BENEFIT OPTION
- b) HIGH BENEFIT OPTION
- P300 000 - P165 000

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.
- T

Coronary Heart Disease (CHD), also known as ischemic heart disease (IHD), involves the reduction of blood flow to the heart muscle due to buildup 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 nutrients to the brain is either blocked by a clot or bursts (or ruptures).

Cancer is a group of diseases involving abnormal cell growth with the potential to invade or spread to other parts of the body. These contrast with benign tumors, which do not spread.

- 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.
 - 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.

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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.



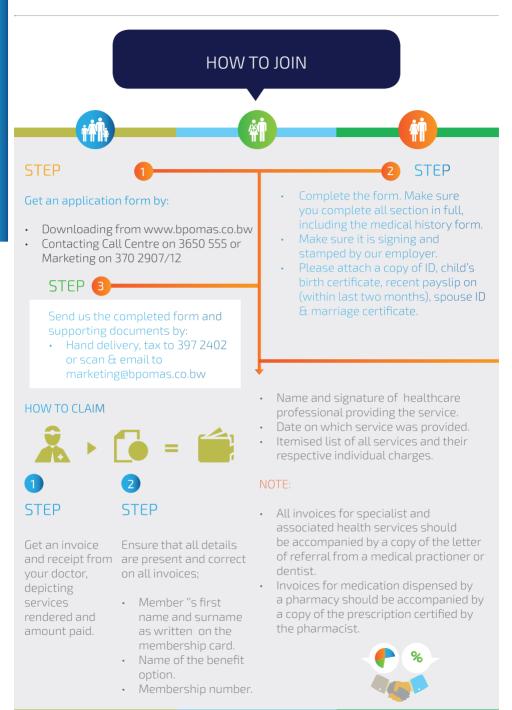
Systemic Lupus Erythematosus (SLE), also known simply as lupus, is an autoimmune disease in which the body's immune system mistakenly attacks healthy tissue in many parts of the body.

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 envolving 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.





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HOW TO CLAIM (continued)

STEP 3

Send all invoices and receipts to **BPOMAS** Gaborone or Francistown Office, by hand. You may also email claims to claims query@afa.co.bw





PLEASE NOTE; Ensure that **BPOMAS** receive your claims for payment within **3 months** of the date service.

The scheme pays **90%** of the invoiced amount from the healthcare service provider, provided it does not exceed the agreed tariff.

Claims are paid in accordance with the **Scheme Rules** and subject to availability of benefits *As a precaution, member are encouraged to make copies of all their submissions.

WEB ACCESS



- 1. Log on to www.bpomas.co.bw
- 2. If you are using the web portal for the first time follow the instructions for signing up. Your password will be sent to your e-mail address.
- 3. If you have used the web portal before, log-in using your details.
- 4. If you have forgotten your password please follow the same step as a new user.

 You can view your personal profile, benefit balances, your claim history, log a query and even print out your membership certificate from your own home or office.

ELECTRONIC DATA INTERCHANGE (EDI)



Electronic Data Interchange (EDI) is a system that aims to increase efficiency by enabling the electronic sharing of information between **BPOMAS** and service providers.

Service providers can use the system for membership verification, submitting claims electronically, viewing statements and updating details; all in real-time.

BPOMAS Scheme & Benefit Guide 2019/20

What to pay, will depend on;

- 1. The benefit option you choose
- 2. How much is your basic salary
- 3. How many dependents you have

Schedule of Contribution Tables Effective 01 April 2019

PAYEE ADULT **MEMBER** DEPENDANT DEPENDANT Ρ Р Р P0 to P3 500 Member 373 223 149 P3 501 - P5 500 Member 479 287 192 P5 501 - P8 000 Member 227 559 337 P8 001+ Member 590 355 237 PAYEE Μ +2 +4 +1 +3 Ρ Ρ Р Р Р Ρ P0 to P3 500 Member 260 387 403 437 464 496 P3 501 - P5 500 Member 334 430 470 513 552 605 P5 501 - P8 000 Member 392 461 519 569 618 672 P8 001+ Member 413 488 546 605 656 708 Standard Benefit Option PAYEE Μ +1+2 +3 +4 Ρ Ρ Ρ Ρ Ρ Ρ P601+ Member 146 187 192 209 243 267 E & OE

New Individual Membership			
Membership category	Standard (P)	High (P)	Premium (P)
Adult child dependents (21-30 years)	229	357	491
Adult child dependents (31-35 years)	236	452	703
Parent Dependent	296	1180	N/A

Frequently Asked Questions

• What is the age limit for Adult Child Dependents?

This product is open to a member's children who are between the ages of 21 and 35 years who are unemployed on receipt of income not exceeding minimum wage.

• Can I enrol a child that has long been terminated?

Yes, however the option to do this is only valid for the next six months.

• What do I need to do to enrol my child?

You fill in the additional dependent form, which is available on the BPOMAS website, at our offices or from your HR.

The form should be signed and stamped by HR.

• Can I enrol my child under a benefit option that is different from mine?

Yes, you can.

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

When your **10%** member co-payments total **P1, 000** within the financial year, an exemption letter is generated and sent to your 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.

• What does due by you mean?

"Due by you" refers to the co-payment that the member has to pay for the services that have beeninvoiced by a healthcare service provider.

It id the **10%** that the member would have paid at the doctor's office or at the pharmacy when medication was dispensed.

• How long does it take to pay claims?

Claims are paid once every week; ensuring that your submitted claims are captured, processed and paid into your account within reasonable time.





MARKETING DEPARTMENT



