



Benefit Guide

2025 / 2026



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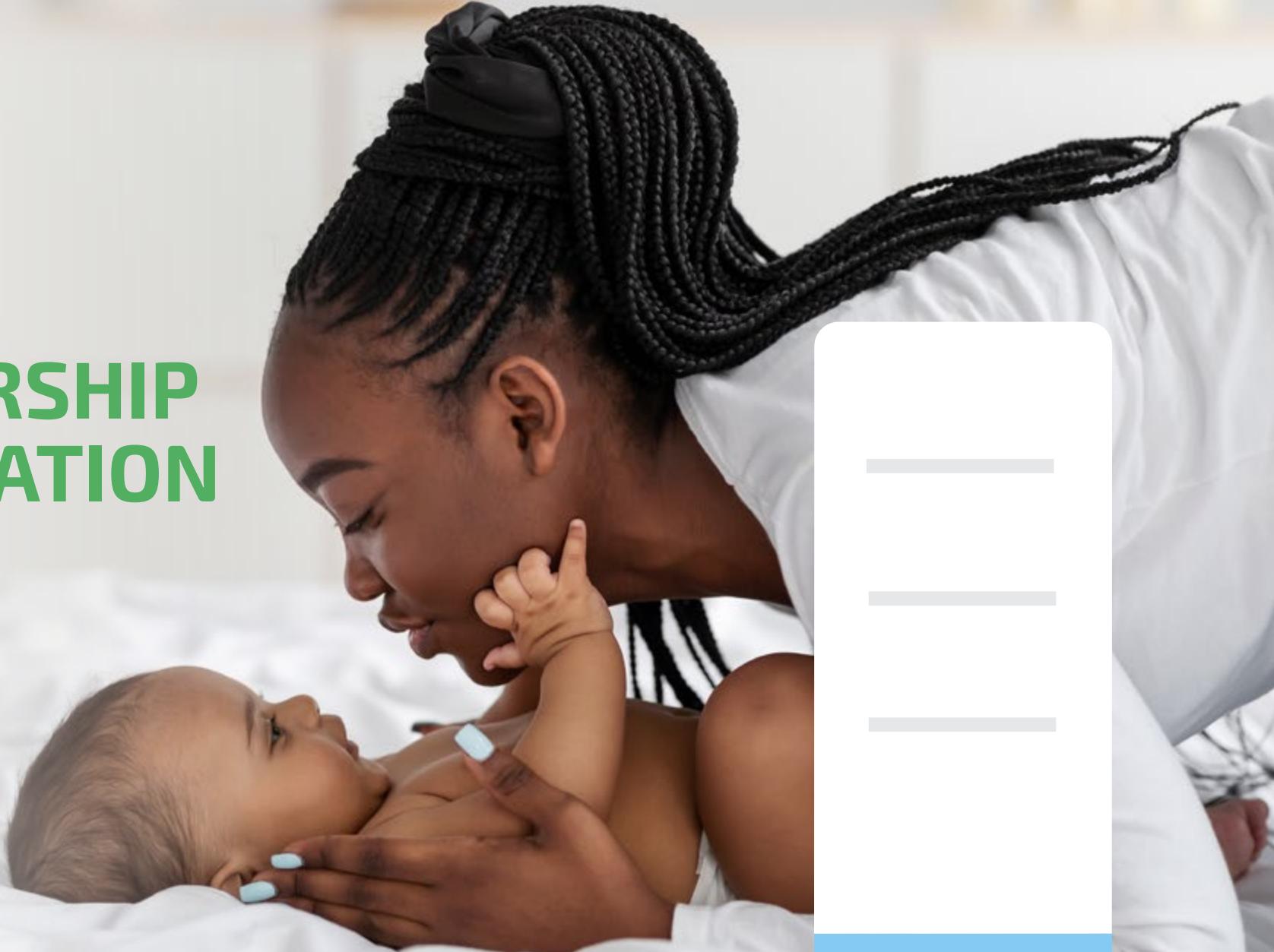
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MEMBERSHIP INFORMATION



Why BPOMAS?

We provide affordable and customizable coverage, allowing you to choose the level of healthcare protection that best fits your lifestyle and family. With BPOMAS, you can access a range of benefits from general consultations to specialist care without the worry of overwhelming medical bills.



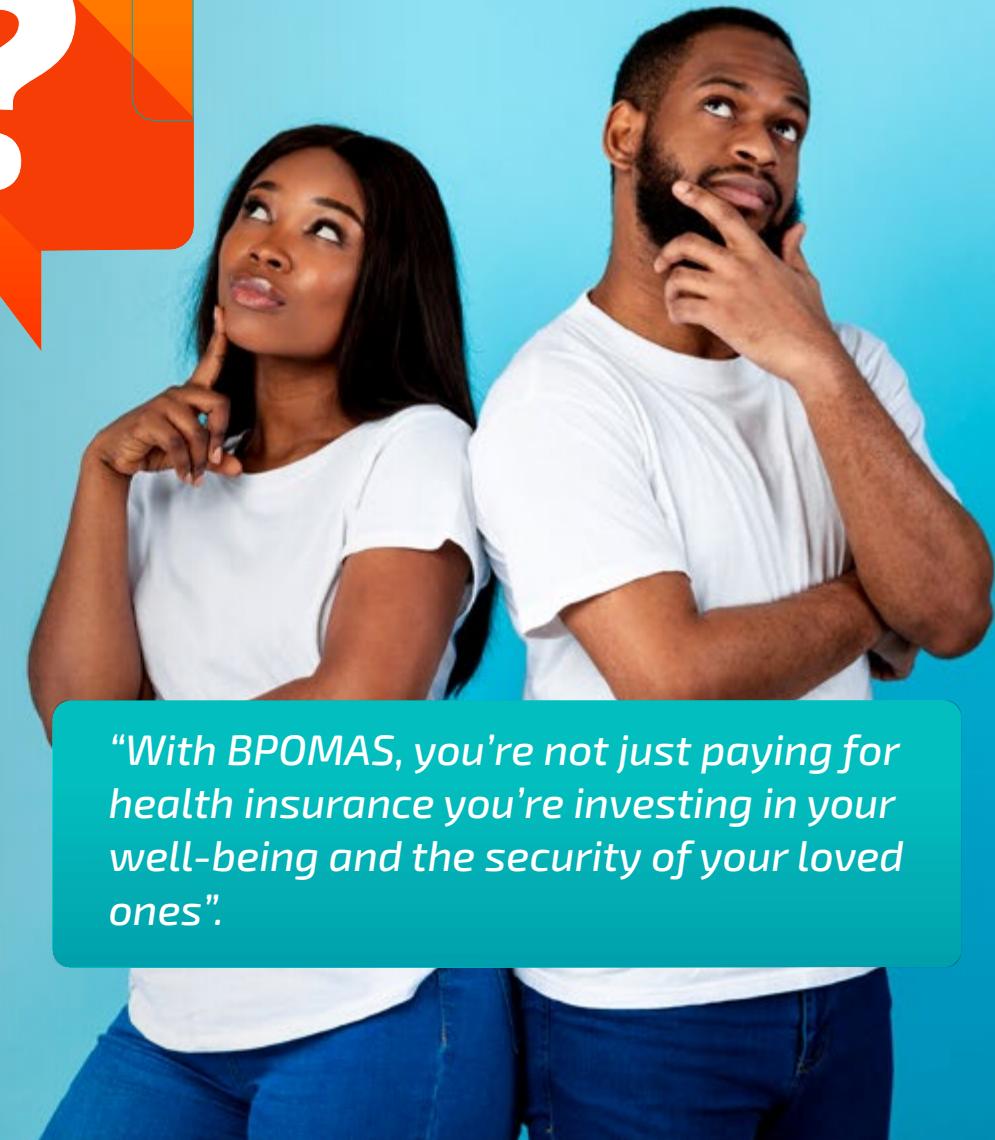
Affordable Rates: Contributions start from as low as **P101.00**, making quality healthcare available to everyone.



Comprehensive Coverage: You can select the benefit option that meets your needs, with coverage ranging from essential care to more extensive services, ensuring you're covered at every stage of life.



Flexibility: Whether you're covering just yourself or including family members, our contributions table lets you tailor your plan to match your unique situation.



"With BPOMAS, you're not just paying for health insurance you're investing in your well-being and the security of your loved ones".

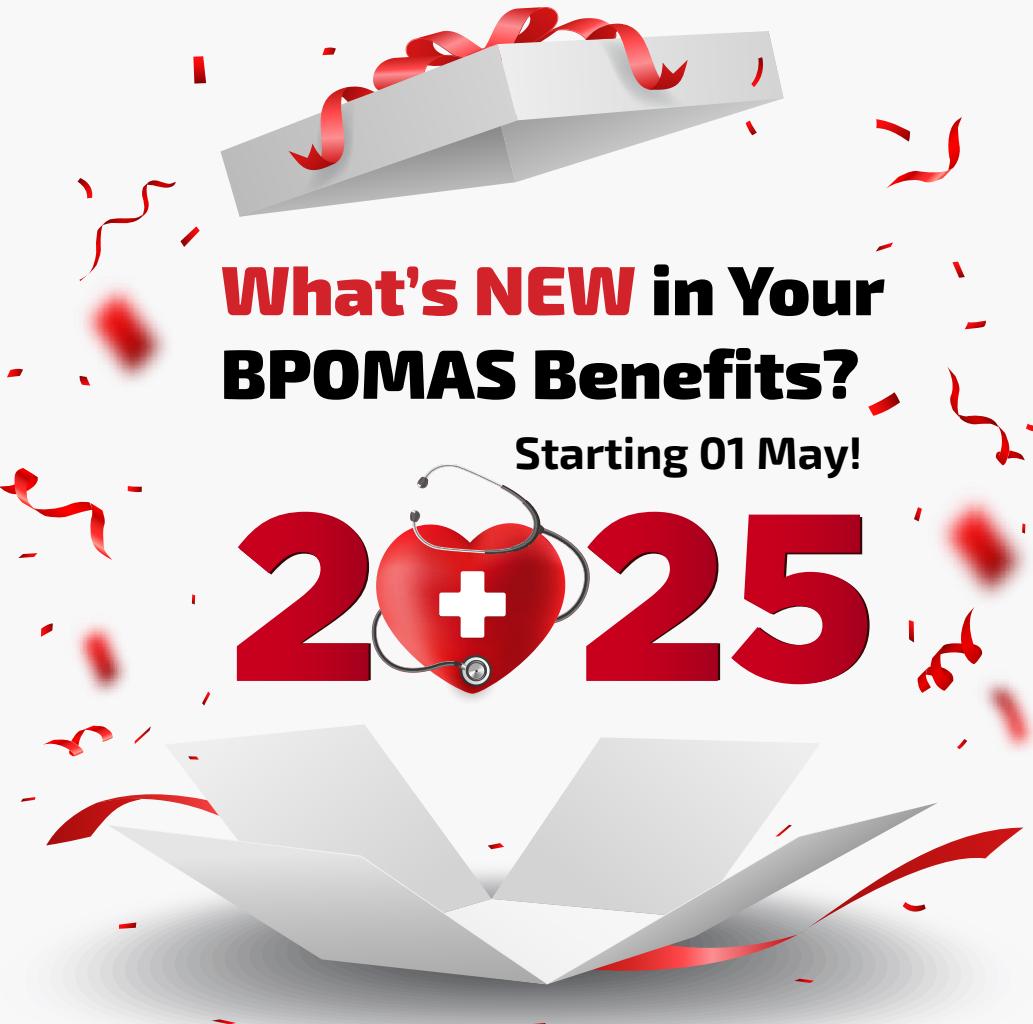
Comprehensive Medical Cover



What's NEW in Your BPOMAS Benefits?

Starting 01 May!

2025



We're always looking for ways to improve your access to quality healthcare and we've heard you! Here's a quick look at the exciting updates to your BPOMAS benefits this financial year:

Better Access to Medicines, Allied Health Services & Optical Benefits

We know that getting your chronic medicines and some health services hasn't always been smooth. That's why we've made important improvements to the following benefits across all benefit options:

	Medicine Benefits – easier access and more support for chronic medication
	Allied Health Benefits – better coverage for services like physio, occupational therapy, and dietitians.
	Optical Benefits – improved eye care support for you and your family.
	Wellness Screening - comprehensive assessment to identify potential health concerns and promote overall well-being

Wellness Benefits (High & Premium Options Only)

Good health starts with prevention – and we're bringing that straight to you! **From 01 May 2025**, members on the High and Premium options can enjoy Wellness Benefits that focus on early detection and mental well-being.

What's Included?

<input checked="" type="checkbox"/>	Annual Health Screenings	<input checked="" type="checkbox"/>	HIV/AIDS
<input checked="" type="checkbox"/>	Blood pressure (hypertension)	<input checked="" type="checkbox"/>	Cervical cancer
<input checked="" type="checkbox"/>	Blood sugar (diabetes)	<input checked="" type="checkbox"/>	Breast cancer
<input checked="" type="checkbox"/>	Cholesterol (hyperlipidaemia)	<input checked="" type="checkbox"/>	Prostate cancer

1. Mental Health Support

<input checked="" type="checkbox"/>	24/7 toll-free helpline
<input checked="" type="checkbox"/>	Free basic counselling over the phone
<input checked="" type="checkbox"/>	Referrals to professional care when needed

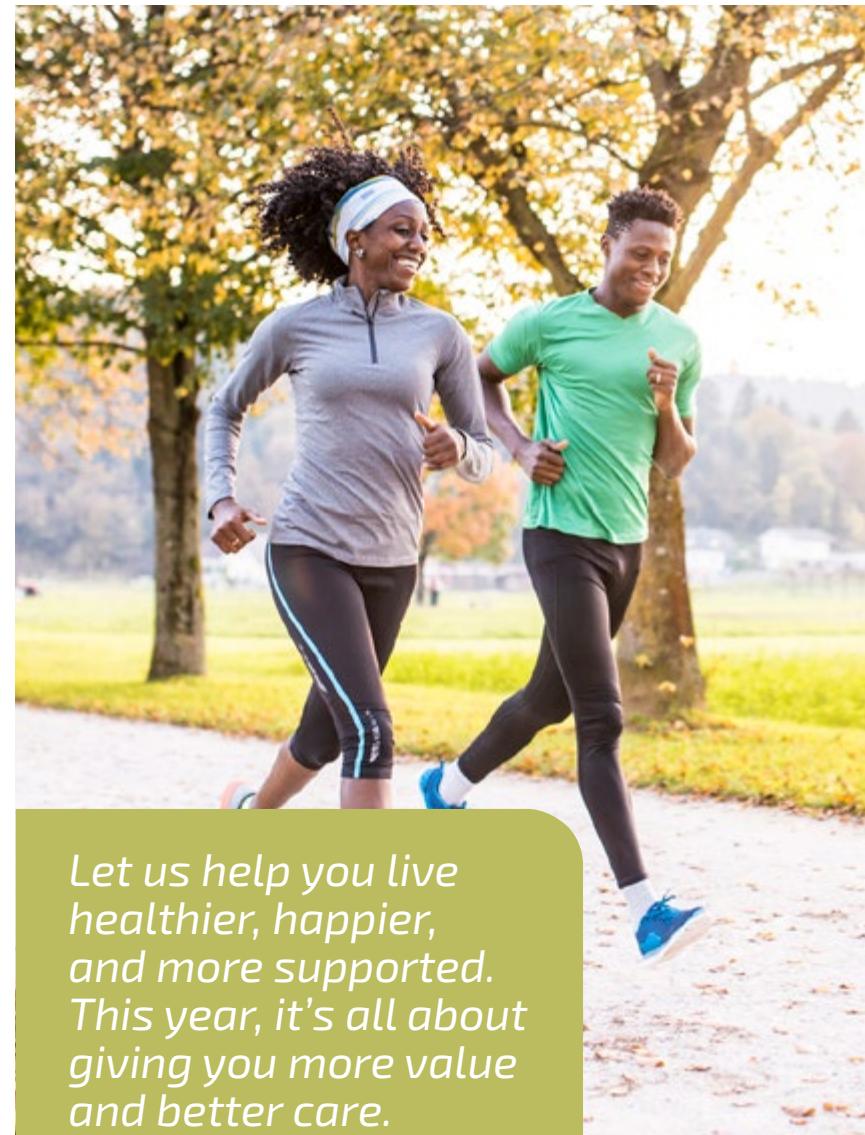
2. Chronic Disease Support – Now Includes Cancer

Already living with a chronic condition? Our Integrated Chronic Disease Management Program is here to support you. From **01 May 2025**, the program will now also include members diagnosed with cancer giving them access to guidance, support, and coordinated care.

This program already helps members living with:

<input checked="" type="checkbox"/>	Hypertension (high blood pressure)	<input checked="" type="checkbox"/>	High cholesterol
<input checked="" type="checkbox"/>	Diabetes	<input checked="" type="checkbox"/>	HIV/AIDS

Note: Joining this program is voluntary – just speak to your doctor if you'd like to enrol.



*Let us help you live
healthier, happier,
and more supported.
This year, it's all about
giving you more value
and better care.*

Join BPOMAS Your Health, Your Wealth!



At BPOMAS, we believe in putting your health first by providing affordable, comprehensive medical aid coverage. Whether you're a government employee, a parastatal employee or a pensioner, BPOMAS ensures that you and your loved ones have access to quality healthcare when you need it most.

Be part of a trusted medical aid scheme that offers peace of mind, extensive benefits, and hassle-free access to healthcare services.

Who can be a BPOMAS Member?

1

- Members of Parliament, Cabinet Ministers
- Dikgosi/House of Chiefs
- Government Employees
- Employees of parastatals
- Pensioners

Whom can I include as dependents?

2

- 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**

How to Join BPOMAS

Step 1

Get an Application Form

You can obtain a New Member Application Form by:

1. Downloading it from www_bpomas.co.bw
2. Calling +267 316 8900 / 370 2907 to have it emailed or faxed
3. Visiting any BPOMAS Administrator (HRMB) office to collect a printed form



Step 2

Complete the Form

Ensure that:

1. Your employer signs and stamps the form
2. You attach the required documents:

ID/Omang (or Passport for foreign nationals)

Recent Payslip (not older than 3 months)

Proof of Residential Address (confirmation letter/affidavit)



Step 3

Form Submission

Send your completed form and supporting documents via:

Email: join@bpomas.co.bw / clientservices@bpomas.co.bw

Fax: +267 316 8910

Hand Delivery: Drop off at your nearest BPOMAS/HRMB office

Online Submission: You can also upload directly through www_bpomas.co.bw



Benefit Guide



MANAGING YOUR MEMBERSHIP



Benefit Guide



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.



Employee / Member Transfer

STEP 1

Visit www_bpomas.co.bw and click on information center to download the form.

STEP 2

- Send completed form and supporting documents to: membership@bpomas.co.bw
- Hand deliver to our offices.
- Fax: +267 316 8910



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



Child Dependant School Confirmation

STEP 1

Visit our website www_bpomas.co.bw, click the information centre and download the child dependant school confirmation form or contact +267 316 8900 and have it emailed to you.

STEP 2

- Send completed form to:
- membership@bpomas.co.bw
- Hand deliver to our offices
 - Fax: +267 316 8910



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

- Send completed form to: membership@bpomas.co.bw
- Hand deliver to our offices.
- Fax: +267 316 8910

Mobile App



COVER OPTIONS



These benefits make BPOMAS a comprehensive and accessible health plan for families and individuals. BPOMAS offers Comprehensive Cover that ensures extensive healthcare coverage across various services, providing peace of mind and complete protection. Here's what it includes:



Consultation

All benefit options cover both general practitioner and specialist consultations, ensuring access to professional healthcare.



Maternity

Comprehensive coverage for both normal and C-section deliveries, as well as antenatal care, supporting mothers throughout pregnancy.



Hospitalization

Coverage under all Standard, High and Premium Benefit Options, so members are covered for hospitalization costs.



Medications

Both acute and chronic medications are included, providing treatment for ongoing health needs.



Dental Care

Normal and specialized dentistry services are covered, ensuring dental health is well taken care of.



Specialist Care

All benefit options include specialist care, so you can receive treatment from top professionals in various medical fields.



Eye Care

This includes eye tests, spectacles, and contact lenses, helping to maintain and improve vision.



Emergency Medical Services (EMS)

24-hour emergency medical assistance and support are available for urgent medical needs.



Allied Health Care

Coverage extends to services like clinical psychology, physiotherapy, and occupational therapy to ensure holistic care.

BPOMAS offers a broad spectrum of health services, ensuring that members and their families receive top-tier care in almost every medical situation.

Terms and Conditions Apply.

Benefit Option Comparison

BPOMAS offers three main benefit options: Standard, High, and Premium. Each has different coverage levels and benefits:



Benefit Option	Standard Benefit Option	High Benefit Option	Premium Benefit Option
Cover Limit	Up to P30,000	Up to P315,000	Up to P500,000
Co-payment	No 10% Co-Payment	10% Co-Payment	10% Co-Payment
Hospitalisation Cover	Limited Hospitalisation Cover	Comprehensive Hospitalisation Cover	Comprehensive Hospitalisation Cover
Wellness (Screening & Preventative)	✗	✓	✓
Chronic Disease Cover	✓	✓	✓
Dread Disease Cover	✗	✓	✓
Funeral Benefit	P5,000	P10,000	P12,500
24hr Emergency Medical Services	✓	✓	✓
Premium Waiver	6 months	6 months	6 months
24hr Mental Health Assistance	✓	✓	✓

Each option is designed to cater to different needs, from basic coverage to more comprehensive health services and higher benefit limits.

	Standard Benefit Option	High Benefit Option	Premium Benefit Option
Annual Benefit Cover	30,000 per family	315,000 per family	500,000 per family
Annual Overall Limit (AOL)	30,000 per family	150,000 per family	200,000 per family
Dread Disease Cover	No benefit	165,000 per family	300,000 per family
1. Medical Practitioners			
1.1 General Practitioners	Up to AOL per family	Up to AOL per family	Up to AOL per family
1.2 Medical Specialists (subject to General Practitioner referral, where applicable)	Up to AOL per family	Up to AOL per family	Up to AOL per family
2. Dentistry			
2.1 Maxillofacial & Oral Surgery	Up to AOL per family	Up to AOL per family	Up to AOL per family
2.2 Conservative Dentistry including plastic based dentures	Up to AOL per family	Up to AOL per family	Up to AOL per family
2.3 Limited Dentistry including inlays, crowns, bridgework, study models, metal base dentures and the repair, periodontics, prosthodontics and orthodontics	3,630 per family per annum	7,260 per family per annum	8,800 per family per annum
3. Diagnostics			
3.1 Pathology (non-HIV)	Up to AOL per family	Up to AOL per family	Up to AOL per family
3.2 HIV Pathology	Up to AOL per family	Up to AOL per family	Up to AOL per family
3.3 Basic Radiology	Up to AOL per family	Up to AOL per family	Up to AOL per family
3.4 Specialised Radiology (CT Scan, MRI Scan etc.). Subject to pre-authorisation.	Up to AOL per family	Up to AOL per family	Up to AOL per family
4. Medicines			
4.1 Overall Medicines Limit	Up to 14,420 per family per annum	Up to 37,915 per family per annum	Up to 48,500 per family per annum
4.1.1 Pharmacy Medicines (Over-the-Counter Medicines)	Up to 2,220 per family per annum	Up to 2,400 per family per annum	Up to 2,580 per family per annum
4.1.2 Prescription Medicines	Up to 5,210 per family per annum	Up to 5,615 per family per annum	Up to 6,020 per family per annum
4.1.3 Chronic Medicines (Subject to Pre-authorisation)	Up to 6,990 per member per annum	Up to 29,900 per member per annum	Up to 39,900 per member per annum
4.1.4 Injection Materials supplied by a medical practitioner, dentist and other authorised health professional	Up to acute medicines limit (4.1.2)	Up to acute medicines limit (4.1.2)	Up to acute medicines limit (4.1.2)

	Standard Benefit Option	High Benefit Option	Premium Benefit Option
5. Allied Health Services (subject to General Practitioner or Medical Specialist referral)			
5.1 Physiotherapy	Up to 10,000 per family per annum	Up to 15,000 per family per annum	Up to 20,000 per family per annum
5.2 Audiology and Speech Therapy			
5.3 Dietician (doctor referral required)			
5.4 Clinical Psychology	Up to 8,400 per family per annum for any or a combination of 5.2 to 5.6	Up to 9,550 per family per annum for any or a combination of 5.2 to 5.6	Up to 12,940 per family per annum for any or a combination of 5.2 to 5.6
5.5 Occupational Therapy			
5.6 Podiatry			
6. Associated Health Services			
6.1 Chiropractic			
6.2 Homeopathic and Naturopathic	Up to 1,940 per family per annum for any or a combination of 6.1 to 6.2	Up to 2,630 per family per annum for any or a combination of 6.1 to 6.2	Up to 3,900 per family per annum for any or a combination of 6.1 to 6.2
6.3 Acupuncture			
7. Optical			
7.1 Eye Test by Optometrist	At Scheme tariff	At Scheme tariff	At Scheme tariff
7.2 Orthoptistry	840 per beneficiary every two (2) financial years	670 per beneficiary every two (2) financial years	670 per beneficiary every two (2) financial years
7.3 Spectacles and Contact Lenses	1,150 per beneficiary every two (2) financial years	2,200 per beneficiary every two (2) financial years	2,500 per beneficiary every two (2) financial years
8. Maternity Benefits			
8.1 Normal Delivery	9,240 per family per annum	10,165 per family per annum	10,165 per family per annum
8.2 Caesarean Section	14,610 per family per annum	15,340 per family per annum	15,765 per family per annum
9. Government and Private Hospitals (In-Patient)			
9.1 Accommodation (General Ward)	Up to AOL per family	Up to AOL per family	Up to AOL per family
9.2 Intensive care or High care	Up to AOL per family	Up to AOL per family	Up to AOL per family
9.3 Recovery Room Fees	Up to AOL per family	Up to AOL per family	Up to AOL per family
9.4 Medicines, Materials and Apparatus	Up to AOL per family	Up to AOL per family	Up to AOL per family
9.5 Blood Transfusion	Up to AOL per family	Up to AOL per family	Up to AOL per family
9.6 Prostheses used in Surgery	Up to 5,830 per case per annum	Up to 24,200 per case per annum	Up to 33,000 per case per annum

	Standard Benefit Option	High Benefit Option	Premium Benefit Option
10. Nursing, Home Based Services, Step Down & Rehabilitation Facilities			
10.1 Consulting Nurse (family nurse)	At Scheme tariff	At Scheme tariff	At Scheme tariff
10.2 Home Based Nursing	No benefit	Up to 875 per family	Up to 3,500 per family
10.3 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
10.4 Alcoholism and Drug Addiction (rehabilitation)	3,200 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
11. Medical Appliances & Devices			
11.1 Medical Assistive Device	4,500 per family	5,300 per family	7,500 per family
11.2 Medical and Surgical Appliances	Up to 1,370 per family	Up to 1,320 per family	Up to 1,320 per family
11.3 Wheel Chair	Up to 3,520 per beneficiary once every three (3) financial years	Up to 3,520 per beneficiary once every three (3) financial years	Up to 3,850 per beneficiary once every three (3) financial years
12. Safe Male Circumcision (HIV prevention only)	No benefit	Up to 1,200 per case	Up to 1,200 per case
13. Surgical Contraception (pre-authorisation required)	No benefit	Up to AOL per family	Up to AOL per family
14. Wellness (Screening & Prevention) Benefits			
14.1 Annual Health Check	No benefit	Health screening for members aged 40 and above, once a year.	
14.2 Breast Cancer Screening	No benefit	Mammogram for women aged 40-70 years, once every two (2) years.	
14.3 Cervical Cancer Screening	No benefit	Pap smear test for women aged 25-55 years, every 2 years. HPV test for women above 25 years, every 2 years.	
14.4 Diabetes & Cardiovascular Disease Screening	No benefit	Random blood glucose test and random cholesterol test for members aged 40 years and above, once a year.	
14.5 HIV/AIDS Screening	No benefit	HIV rapid test for members aged 16 years and above, once a year.	

	Standard Benefit Option	High Benefit Option	Premium Benefit Option
14.6 Prostate Cancer Screening	No benefit	Prostate Specific Antigen (PSA) test for men aged 40 years and above, once a year.	
14.7 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.		
15. Mental Health Assistance	24/7 assistance through toll-free number TBC		
16. Emergency Medical Services Cover	24/7 emergency medical assistance through toll-free number 991		
17. Funeral Benefit			
17.1 Member	5,000	10,000	12,500
17.2 Member's Spouse	5,000	10,000	12,500
17.3 Child 16 - 21 years	3,750	7,500	9,350
17.4 Child 6 - 15 years	1,800	3,000	4,000
17.5 Child under 6 years (including stillborn)	1,200	1,800	2,000



Specialized Managed Care

Chronic Disease Program

The scheme offers a **Chronic Disease Management Program** designed to provide coordinated care and support for members diagnosed with select long-term health conditions. The program includes **ongoing clinical monitoring, medication management, and access** to relevant healthcare professionals — all aimed at improving health outcomes and enhancing quality of life.

Covered Conditions:

- Cardiovascular Disease
- Hyperlipidemia
- Diabetes Mellitus
- HIV

Chronic Care Program Enrolment Process

1. **Consult your doctor** for assessment and confirmation of a qualifying chronic condition.
2. **Complete the Chronic Care Application Form (Form 1 or 2)** with assistance from your doctor.
3. **Submit the completed form and supporting documents to:** diseasemanagement@bpomas.co.bw or contact **267 360 9651** for further enquiries.
4. **Application Review:**
The Disease Management Team will assess your application based on clinical criteria and scheme guidelines.
5. **Confirmation of Enrolment:**
Once your application has been approved, you will be able to collect prescribed meds from the Pharmacy.
6. **Ongoing Care and Support:**
Enrolled members will receive continuous care, including follow-ups, treatment adherence support, and periodic reviews to ensure optimal condition management.



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 **chronicmeds@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-authorised 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 **chronicmeds@bpomas.co.bw** to request for one.



Step 3

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



Step 4

Submit the completed form and supporting documents by Email: **chronicmeds@bpomas.co.bw** or hand deliver to any of our offices closer to you or, Fax to **+267 316 8910**



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:



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.

Kidney Failure, also known as 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 Transplant, 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.

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).

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.



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	BREAST CANCER SCREENING	CERVICAL CANCER SCREENING	DIABETES & CARDIOVASCULAR DISEASE SCREENING	HIV/AIDS SCREENING	PROSTATE CANCER SCREENING	FLU VACCINE
For members aged 40 years and above, once a year.	Mammogram for women aged 40-70 years, once every two (2) years.	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.	Blood Glucose test, Full Blood Count and Cholesterol tests for members aged 40 years and above, once a year.	HIV Rapid test for members aged 16 years and above, once a year.	For men aged 40 years and above, once every two (2) years.	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.

Benefit Guide

Benefit Description	Procedure(s)/Tests	Member Eligibility			Frequency
		Gender	Health Plan	Age	
Annual Health Check - First & Follow Up Appointment	<ul style="list-style-type: none"> First consultation & follow up consultation Physical examination Ordering of tests Review of results Reporting to the Scheme 	All	High, Premium	40 years and above	Once a year
Breast Cancer Screening	Mammogram	Female	High, Premium	40-70 years	Once in 2 years
Cervical Cancer Screening	<ul style="list-style-type: none"> Pap Smear HPV Test 	Female	High, Premium	<ul style="list-style-type: none"> 25-55 years 25-55 years 	<ul style="list-style-type: none"> Once in 2 years Once in 2 years
Diabetes & Cardiovascular Disease Screening	<ul style="list-style-type: none"> Blood Glucose Test (Point of Care Test) Full Blood Count Cholesterol (Point of Care Test) 	All	High, Premium	40 years and above	Once a year
HIV/AIDS Screening	<ul style="list-style-type: none"> HIV Rapid Test (Point of Care Test) 	All	High, Premium	16 years and above	Once a year
Prostate Cancer Screening	<ul style="list-style-type: none"> Prostate Specific Antigen (PSA) 	Male	High, Premium	40 years and above	Once in 2 years
Flu vaccine	Flu vaccination	All	Standard, High, Premium	Children aged 6 months-10 years, elderly members aged 65 and above, members under the chronic care programme	Once a year

Flu Vaccine

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**



Individual Membership Covers

(Terms and Conditions Apply.)



1. Grandchild Dependant Cover

A principal member can include their grandchildren as dependents, covering them from birth up to the age of 21 years.

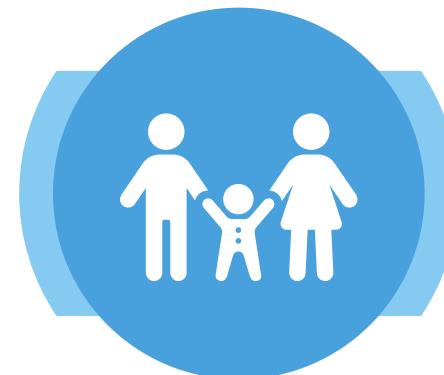
[Click here for form](#)



2. Adult Child Dependant Cover

A principal member can cover their adult child aged 21 to 35 years, provided they have been a member of the Scheme for at least one year without interruption.

[Click here for form](#)



3. Parent and Parent-in-Law Dependant Cover

A principal member can cover their biological or adoptive parents and/or biological or adoptive parents-in-law. The parent must:

1. Be 65 years or younger at the time of joining.
2. Not be a pensioner.

A principal member can cover up to a maximum of four parents.

[Click here for form](#)

Schedule of Benefits

The Schedule of Benefits outlines the healthcare services and coverage that BPOMAS provides. It helps members understand what medical services and treatments are included in their plan and what benefits they can access. This includes everything from routine doctor visits to more specialized care.

“ Medicine Benefit What is it? ”

The Medicine Benefit covers the costs of prescribed medications for both short-term and long-term health conditions. This includes medication for common illnesses (like a cold) and chronic conditions (like diabetes or hypertension).

How to explain it simply:

"If you're sick and a doctor prescribes medicine, BPOMAS will help cover the cost. This also includes medicines you need to take regularly for long-term health conditions, making it easier for you to afford the treatments you need."

“ Optical Benefit What is it? ”

The Optical Benefit covers expenses related to eye care. This includes eye tests, prescriptions for glasses, and contact lenses. It ensures that your vision health is well taken care of.

How to explain it simply:

"If you need to get your eyes checked, or if you need glasses or contact lenses, BPOMAS will help cover the costs. This means you don't have to worry about spending a lot of money on eye care, whether it's for a regular eye test or new glasses."

“ Allied Health Benefits What is it? ”

Allied Health Benefits cover services provided by healthcare professionals who aren't doctors or nurses. This includes services like physiotherapy, clinical psychology (for mental health), and occupational therapy (helping you manage daily activities if you have health issues).

How to explain it simply:

"Sometimes, you need help from specialists other than doctors, like physiotherapists to help you move better after an injury or a psychologist to help with mental health. BPOMAS covers these types of services, so you can get the support you need for your overall health."

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 or more (5) 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

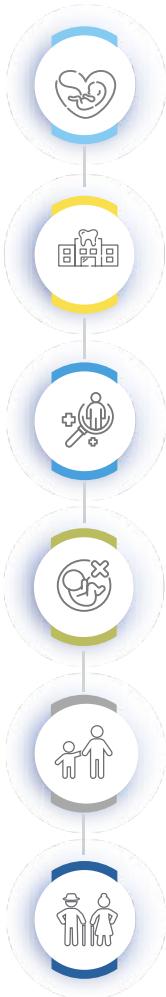
The Scheme has removed General Practitioner consultation limits as of **1st April 2024**.

This resolution was taken as per the 2023/2024 Annual General Meeting.



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:



- 1. 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.
- 2. 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 atleast one (1) year.
- 3. 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.
- 4. 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.
- 5. Adult Child Dependant** - The waiting period for an adult child dependant who applies after three (3) months of ceasing to be a member shall be three (3) months.
- 6. Parent Dependant** - The waiting period for a parent dependant shall be three (3) months.

Limitation of Benefits

**1**

The maximum benefits to which a member and his/her dependents 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 dependent of a member consulting any particular specialist that the Scheme may nominate in consultation with the attending practitioner.

**4**

In such cases, if the specialist's advice is not acted upon, no further benefits will be allowed for that particular illness. 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

**1**

All costs incurred for treatment or surgery not medically necessary for obesity.

**2**

All costs for operations, medicines, treatments and procedures for cosmetic purposes.

**3**

All costs related to willfully self-inflicted injuries.

**4**

All costs for the treatment of erectile dysfunction, infertility, including artificial insemination of a person (Intro-Vitro Fertilisation (IVF)).

**5**

All costs in respect of injuries arising from speed contests and speed trials.

**6**

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.

7	All costs in respect of sickness or conditions that were specifically excluded from benefits when the member joined the Scheme.
8	All costs for treatment of sickness or conditions or injuries sustained by a member or a dependent and for which any other party may be liable, unless the Scheme is satisfied that there is no reasonable prospect of the member or dependent recovering adequate damages from the other party.
9	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.
10	The purchase of medicines not included in a prescription or prescribed by a person not legally entitled to prescribe.
11	All costs for services rendered by: <ul style="list-style-type: none"> 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.
12	Purchase of: <ul style="list-style-type: none"> 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.
13	All costs for vaccinations, except vaccinations approved for cover by the Scheme.
14	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.
15	All costs for medical examinations other than those ordered by a medical doctor in order to determine treatment for a sickness condition.
16	All costs for holidays undertaken for recuperative purposes

Additional Benefits

FUNERAL BENEFIT AT NO EXTRA COST

Underwritten by



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 than 21 years	Child 6 years & over but less than 16 years	Child less than 6 years (including stillborn children)
Premium Benefit	P12,500	P12,500	P9,350	P4,000	P2,000
High Benefit	P10,000	P10,000	P7,500	P3,000	P1,800
Standard Benefit	P5,000	P5,000	P3,750	P1,800	P1,200

Underwritten by



PREMIUM WAIVER AT NO EXTRA COST

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 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)



24HR EMERGENCY MEDICAL SERVICES (EMS) AT NO EXTRA COST

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 managed 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

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.



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



2025/26 Monthly Contributions

Introduction to the Contributions Table

At BPOMAS, we believe that quality healthcare should be accessible to everyone, regardless of their budget. Our Contributions Table is designed to offer you flexible, affordable options based on the level of coverage that suits your needs. By contributing as little as **P101.00 per month**, you can enjoy comprehensive medical cover that gives you peace of mind, knowing that you and your loved ones are protected from unexpected healthcare costs.

What to Pay

	This will depend on:
✓	The benefit option you choose
✓	How much your basic salary is
✓	How many dependants you cover
✓	M+ means Member Plus

Standard benefit option		M+0	M+1	M+2	M+3	M+4	M+5+
SCALE							
SCALE A & B	Member	101	130	136	144	168	184
	Employer	402	516	541	578	671	737
SCALE							
SCALE C & ABOVE	Member	251	323	339	361	419	460
	Employer	251	323	339	361	419	460

High Benefit Option		M+0	M+1	M+2	M+3	M+4	M+5+
Monthly Basic Salary							
UP TO 3500	Member	448	668	694	754	800	856
	Employer	448	668	694	754	800	856
P3501-P5500	Member	577	741	809	885	951	1,043
	Employer	577	741	809	885	951	1,043
P5501-P8000	Member	676	795	895	981	1,066	1,157
	Employer	676	795	895	981	1,066	1,157
P8,001+	Member	711	842	942	1,043	1,131	1,221
	Employer	711	842	942	1,043	1,131	1,221

Premium Benefit Option		Principal Member	Adult Dependant	Child Dependant
Monthly Basic Salary		PM	AD	CD
UP TO P3,500	Member	710	424	285
	Employer	710	424	285
P3,501-P5,500	Member	913	548	365
	Employer	913	548	365
P5,501-P8,000	Member	1066	642	433
	Employer	1066	642	433
P8,001+	Member	1124	676	452
	Employer	1124	676	452

Individual Benefit				
Membership Category				
Grandchildren Under 21 years		181	332	668
Adult Child Dependant (21-30 years)		391	610	936
Adult Child Dependant (31-35 years)		403	772	1,340
Parent Dependant		510	2,015	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 dependant at the age of 65 years with a monthly basic salary of P13,000 under the High Benefit Option would pay P1,067.00.

Monthly Premium: P538	P711 X 1.5
Late penalty fee:1.5*	P1067

MEMBERSHIP ESSENTIALS



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.



PARTICIPATING 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.

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

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 doctor's motivation/referral for pre-authorisation. 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.

Frequently Asked Questions



9. How do I register a newborn?

BPOMAS provides immediate cover for newborns. The newborn have to be 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 membership@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.



12. When can I change my benefit option?

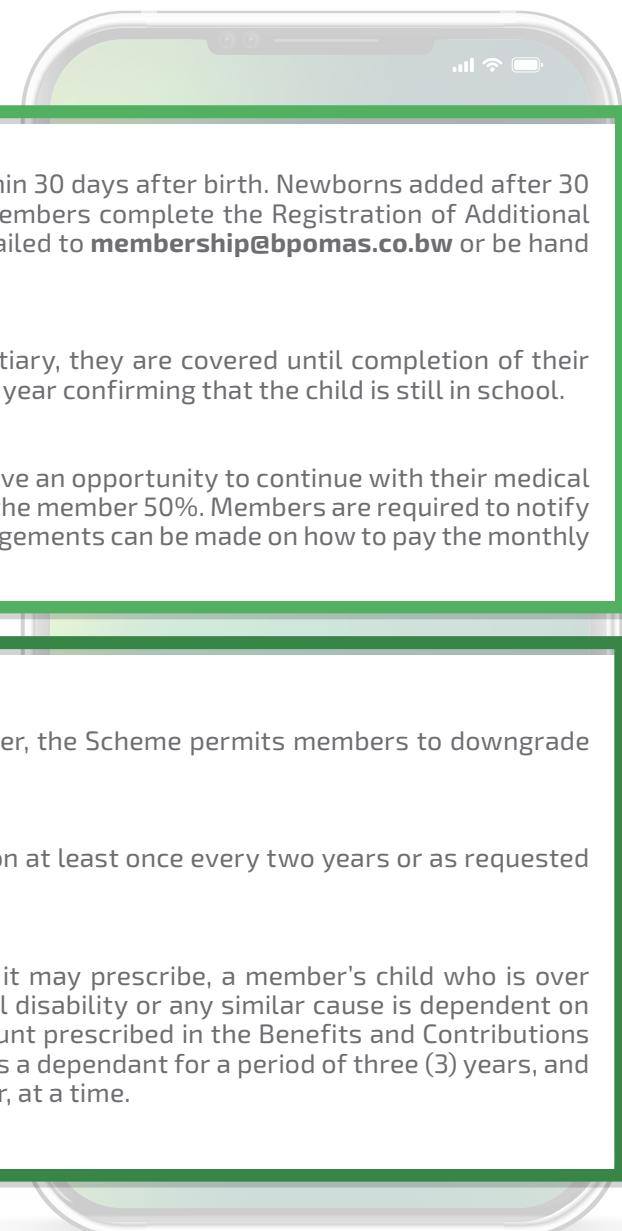
The deadline for changing benefit options is the 28th of February each year. However, the Scheme permits members to downgrade their benefit option at any time during the financial year.

13. How often do I need to complete KYC?

A BPOMAS member is required to update their Know Your Customer (KYC) information at least once every two years or as requested by the Scheme.

14. What happens to my child dependents who are living with disabilities

Subject to the approval of the Management Committee and on such conditions as it may prescribe, a member's child who is over the age of twenty-one (21) years; who is unmarried and owing to mental or physical disability or any similar cause is dependent on the member; is not in receipt of a regular monthly remuneration exceeding the amount prescribed in the Benefits and Contributions Schedule, provided that for irreversible conditions such person shall be recognised as a dependant for a period of three (3) years, and for reversible conditions such a person shall be recognised for a period of one (1) year, at a time.



Frequently Asked Questions



15. What Causes BPOMAS Membership Arrears?

Membership arrears occur when your monthly contributions are not received or contributions are received but not in full. Common causes include:

- Missed Monthly Contributions: Especially for new members or during transfers
- Incorrect Contribution Amount: Unupdated deductions after option change, contributions change or dependent additions.
- Backdated Additions: Adding dependents or rejoining the Scheme retroactively.
- Employment Status Changes: E.g., resignation, retirement, or contract or employment transitions.

16. What Happens If You're in Arrears?

- Suspension of benefits
- Claims and authorizations declined or delayed
- Risk of membership termination
- Delayed access to medical care



17. How to Avoid Arrears

- Check your payslip monthly to ensure correct deductions are made
- Update BPOMAS with changes in employment, dependents, or contact details
- Reference Bank Transfers with ID or Membership Number if you're not on government payroll(pensioner)
- Contact the Scheme immediately if notified of arrears

18. What is considered a stale claim?

1. The requirement is that claims be submitted within 3 months (90 days) from the date of service. If it is submitted after that period, it becomes a stale claim and is usually rejected.

Rule: (19.3 Where a claim is submitted more than three (3) months from the date on which the services were rendered, benefits shall be granted only at the discretion of the Management Committee. Where a claim is submitted more than three (3) months from the date on which the services were rendered, benefits shall be granted only at the discretion of the Management Committee, provided the claims are not more than twelve (12) months from the date the services were rendered.

Frequently Asked Questions



19. When can I rejoin the medical aid after termination?

2. Rule: (8.2) Where such resignation is accepted, the employee shall be allowed to rejoin the Scheme at any point after resignation. If the member re-applies within three (3) months of resignation, the member shall be re-instated without waiting periods and outstanding premiums paid. Where the resignation period is more than three (3) months, the member will be required to re-apply and the application will be treated as a new member and will be subjected to waiting periods as in the Benefits and Contributions Schedule.

20. How do I take over my spouse's medical aid as a widow/widower.

3. Rule: (7.4) Widow/Widower The surviving spouse (widow or widower as the case may be) of a deceased member, who is registered with the Scheme as the deceased spouse's dependant at the time of such member's death, shall upon request be admitted as a member of the Scheme, provided that the deceased member was a member of the Scheme at the time of his/ her death and the surviving spouse continues to pay hundred percent (100%) contribution. Such surviving spouse member shall be notified by the Scheme of his or her right to membership and of the contribution payable in respect thereof.

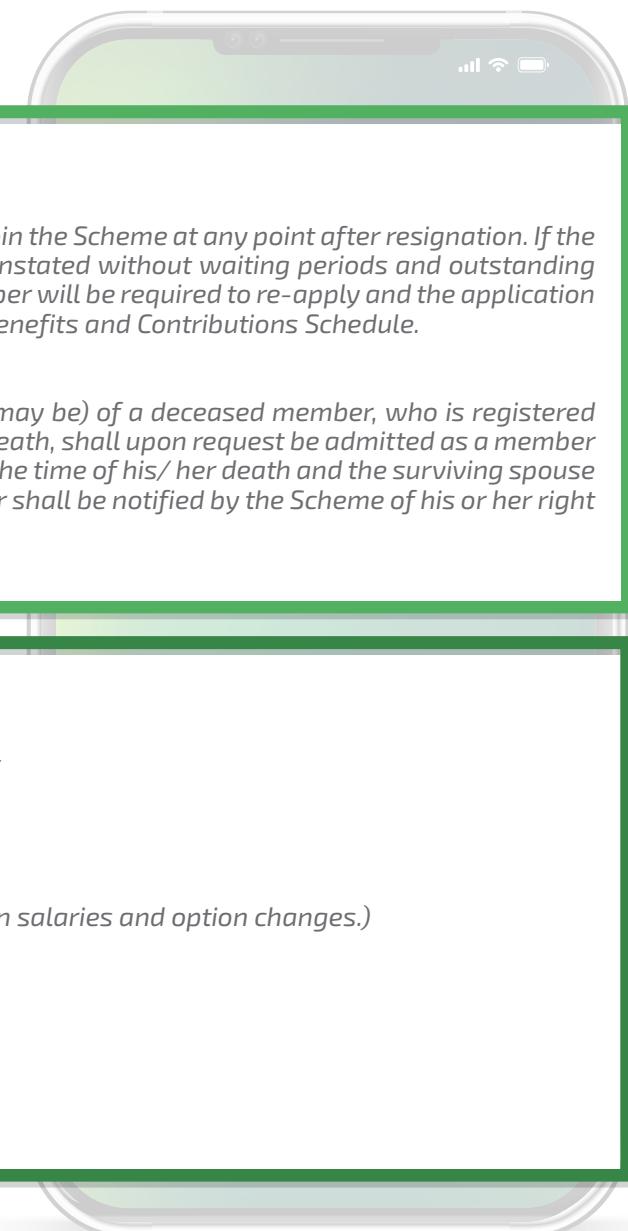


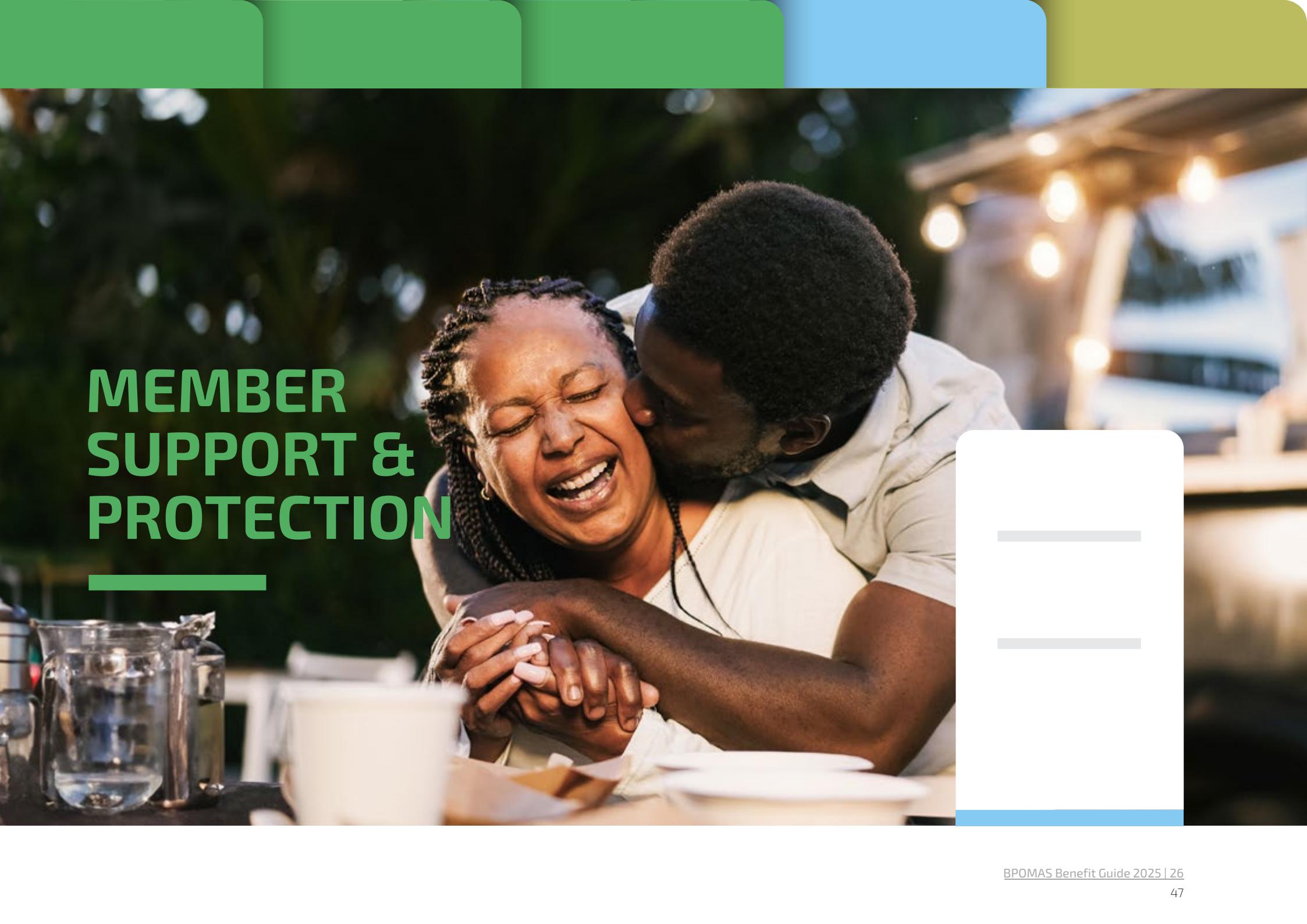
21. What are tariffs and shortfalls in medical aid?

4. Medical aid tariff is a set rate that the medical scheme will pay for a service
5. Shortfall is the difference between the provider's charge and the medical aid tariff

22. What can lead to arrears on my account? The most common reasons:

6. Debit order failure due to insufficient funds, account closure, or banking errors.
7. Change of employment or employment transfer.
8. Updating of member details e.g. adding new dependants, KYC updates (updates on salaries and option changes.)



A photograph of a woman with braided hair laughing joyfully, being held close by a man with dark skin and curly hair. They are outdoors at night, with string lights and a building visible in the background.

MEMBER SUPPORT & PROTECTION

KYC Individual Submissions for BPOMAS

KYC (Know Your Customer) is a mandatory process for BPOMAS members to ensure compliance with legal and regulatory requirements, as well as to prevent financial crimes. To be compliant with KYC, follow these steps:

Step 1

ACCESS THE KYC APPLICATION FORM

You can obtain the KYC form in one of the following ways:

- Download it from the BPOMAS website:
- Call +267 316 8900 / 370 2907 to have the form emailed or faxed to you.
- Visit any BPOMAS office to collect the form in person.

Step 2

COMPLETE THE KYC APPLICATION FORM

Fill out the form and attach the following documents:

- Certified Copy of Valid Identification Document:**
 - Omang (for citizens)
 - Passport (for foreign nationals)
- Proof of Residential Address (one of the following):**
 - Utility Bill
 - Lease Agreement
 - Title Deed
 - Letter from Kgosi
 - Confirmation of employment letter
 - Affidavit
- Proof of Source of Income/ Occupation (one of the following):**
 - Payslip or Bank Statement
 - Confirmation of employment letter, stating basic salary and proof of residential address

Step 3

SUBMIT THE COMPLETED FORM AND DOCUMENTS

Submit the filled form along with the supporting documents in one of the following ways:

Email: Send to kyc@bpomas.co.bw

Hand Delivery: Visit any BPOMAS or HRMB office closest to you.

Fax: Send to +267 316 8910

This process is essential to ensure BPOMAS meets the necessary regulatory standards and to keep your membership compliant.

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 to service you better.. 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 to improve 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.

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 or Compliment.

Do you have a complaint?

Step 1

Reach out to the BPOMAS Administrator, Health Risk Management Botswana (HRMB) Client Service Manager

If unsatisfied with the outcome from the Client Service Manager, reach out to the COO of HRMB.

If Unsatisfied with the outcome from the COO, reach out to the CEO of HRMB

If unsatisfied with the response from the Administrator or (HRMB), escalate to BPOMAS Customer Experience Manager.

HRMB ADDRESS

The Fields Precinct,
Ground Floor, CBD, Gaborone,

Tel: +267 316 8900

Email: clientrelations@bpomas.co.bw

Step 2

If unsatisfied with the outcome from the Customer Experience Manager, escalate to the BPOMAS Chief Operations Officer (COO).

If unsatisfied with the response from BPOMAS COO, escalate to BPOMAS CEO.

If unsatisfied with the response from BPOMAS CEO, escalate to BPOMAS Management Committee (MANCO).

Step 3

If unsatisfied with the response from BPOMAS MANCO, escalate, to the Regulator, NBFIRA.

NBFIRA ADDRESS

Third Floor, Exponential Building,
PG Matante Road

Gaborone

Tel: +263 310 2595/ 368 6100

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.

Protection of Personal Information

The Data Protection Act (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

Plot 70667, The Fairscape Precinct
The Tower, Third Floor, Fairgrounds
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