

Hello Life

Benefit Guide



What does our medical aid cover

-  Consultations
-  Diagnostics
-  Medicines
-  Hospital Admissions
-  Maternity
-  Dentistry
-  Optical
-  Clinical Psychology and more!

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Benefit options

-  Executive
-  Deluxe
-  Galaxy
-  Standard
-  Flexi

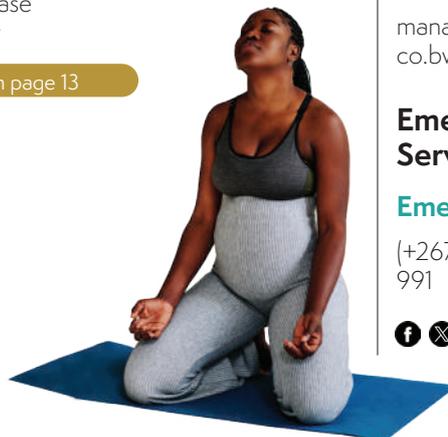


Read more from page 5

Additional Benefits

-  Emergency Medical Services
-  International Travel Insurance
-  PulaBaby Maternity Programme
-  Preventive care benefits
-  Funeral benefits
-  Chronic Disease management

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Give us a shout!
We would love to hear from you

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Call center

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Sales and marketing

(+267) 365 0555
(+267) 315 9416

Pre-authorisations

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Francistown branch

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Email us

Client services

clientservices@afa.co.bw

Sales and marketing

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Pre-authorisations

casemanagement@afa.co.bw

Managed care

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Emergency Medical Services

Emergency Assist 991

(+267) 390 4537
991





Enhanced benefits for 2025/26

At Pulamed, our commitment is to provide sustainable, comprehensive, and meaningful healthcare cover to our members. Every year, we undertake a rigorous review of our benefits – driven by member feedback, claims data, and usage patterns – to ensure we remain responsive and relevant.

For the 2025/2026 benefit year, we've enhanced several key areas of cover, including:



Total cover

Increased Annual overall limits across Executive, Deluxe, Galaxy, Standard while Flexi remains the same.



Medicines

Expanded access to acute, chronic, and over the counter (OTC) medication – The aim of these increases is to ensure that members do not run out of much needed medicines during the year. Over The Counter development means Members can now access select medications without prescriptions, improving treatment flexibility and improving access to medication.

The overall medicine benefits are as follows;
Executive – Up to P 13 500, Deluxe Up to P 9 000, Galaxy Up to P 6 182, Standard P 6 182 and Flexi P 4 000.

Psychiatry Medicines:

In recognition of the increasing awareness of mental health, the Fund has bolstered its mental health offering. The benefit has been increased to cater for the chronic nature of the treatment as follows:

Executive Option: P20,000 to P30,000
Deluxe Option: P15,000 to P20,000
Galaxy Option: P9,700 to P10,000



Dread disease

(Cancer, Stroke, Heart attack so on and so forth) this benefit has been increased for the Executive and Deluxe Benefit Options. Under Executive, Dread Disease has been increased from P700,000 to P1,000,000, whilst Deluxe Dread Disease has been increased from P500,000 to P700,000. Please note that dread disease benefit remains a per family per annum benefit and not a once in a lifetime benefit because the Fund understands the gravity of Dread Disease and wants to ensure that members are afforded the necessary treatment they require.



Internal prosthesis

For Executive and Deluxe Members, prosthesis benefit limit have been increased by up to 100% to cater for the increasing cost and technological advancement of prostheses.



Galaxy Hospitalisation

Hospitalisation benefit for the Galaxy Benefit Option has been increased from P50,000 to P75,000 per annum. Moreover, the Overall Annual Limit of this Option, has gone up from P100,000 to P125,000.

We've specifically upgraded benefits under Galaxy to ensure it's a strong mid-tier option, appealing to members seeking value and wider cover.



Maternity cover with 100% delivery cover at selected facilities

Bokamoso Private Hospital, Francistown Academic Hospital, Riverside Hospital (Francistown), Debswana Jwaneng Mine Hospital, Debswana Orapa Mine Hospital, Doctors Inn (Maun), Maun Private Hospital. The Fund continually strives to ensure that expectant mothers do not pay out of pocket and continues to engage other providers to join the network of 0% co-payment.



Specialised Dentistry

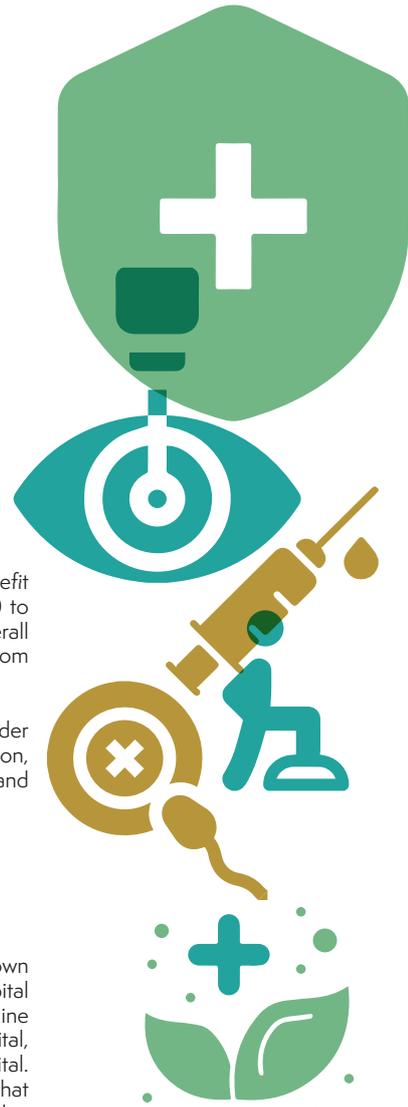
The Fund has found it necessary to cushion the run-away out of pocket expenses that members incur for orthodontics treatments. To this end, Orthodontics treatment has been moved from specialised dentistry benefit and placed as a standalone benefit and has been allocated an annual benefit of P30,000 and P20,000 under the Executive and Deluxe benefit options respectively.

Furthermore, Specialised dentistry for Executive and Deluxe options have been increased to P20,000 each.



General Practitioner (GP) Consultations

The GP consultations limit for the Galaxy Benefit Option has been increased from P2,000 to P3,000 per beneficiary per annum. GP visits under other Benefit Options remain unchanged and unrestricted.



Executive benefits

Comprehensive cover up to **P 2.3million**



Total cover

Covered conditions

	Per annum/per family
Annual overall limit (annual basic limit + dread disease cover)	BWP 2,300,000
Annual basic limit (including hospital visitation)	BWP 1,300,000
Dread disease cover (cover for specific medical conditions)	BWP 1,000,000



Consultations

Covered conditions

General practioner consultation visits	Up to BWP 1,300,000
Medical specialist consultation visits	Up to BWP 1,300,000
Physiotherapy	Up to BWP 30,000
Anesthetics	Up to BWP 1,300,000
Non-surgical procedures and operations	Up to BWP 1,300,000
Other related professional services	Up to BWP 1,300,000



Diagnostics

Covered conditions

Diagnostic Pathology	Up to BWP 1,300,000
Diagnostic Radiology	Up to BWP 1,300,000
MRI and CT scans	Up to BWP 1,300,000



Medicines

Covered conditions

Overall medicines limit	Up to BWP 13,500
Pharmacy only Medicines (Over the counter medicines)	Up to BWP 1,500
Prescription only medicines including injection materials supplied by authorized health professional	Up to BWP 12,000
Psychiatric Medicines	BWP 30,000 per person covered in the family
HIV/AIDS	BWP 20,000 per person (includes antiretroviral drugs, monitoring tests, CD+ and viral load)
Chronic Disease Medicines (NCDs)	BWP 30,000 per person covered in the family



Hospital admission

Covered conditions

Private and government hospitals (in-patients)	Subject to preauthorisation and case management
Hospitalisation (General and surgical wards)	Up to BWP 1,300,000 or balance thereof
Intensive care unit or high care	Up to BWP 1,300,000 or balance thereof
Recovery room fees	Up to BWP 1,300,000 or balance thereof
Medicines, materials & apparatus during your hospital admission	Up to BWP 1,300,000 or balance thereof
Theatre fees	Up to BWP 1,300,000 or balance thereof
Prosthesis used in surgery	Up to BWP 200 000 or balance thereof



Nursing and home based services

Covered conditions

Consulting Nurse (Family Nurse Practitioner)	At a consultation tariff equivalent to half that of a general medical practitioner and up to annual basic limit
Step-down facility/ Nursing homes	Maximum of 42 days in any one (1) financial year and at agreed price with facility
Home-based nursing	Up to BWP 6,600 depending on the family size

Executive benefits

Per annum/per family

Other medical services

Covered conditions

Occupational Therapy	BWP 15,000 per family per annum or any combinations of these conditions
Audiology and/or speech therapy	
Clinical Psychology	BWP 15,000 per family per annum or any combinations of these conditions
Chiroprody	
Dietician (Doctor's referral required)	BWP 4,000 per case Up to annual basic limit
Ambulance (Inter-hospital transfer only)	
Blood Transfusion	BWP 30,000 per family per annum
Medical assistive devices	
Medical and surgical appliances	Up to BWP 5,600 depending on the family size. Subject to pre-authorisation BWP 3,500 per beneficiary once every three(3) years
Wheel chair	

Emergency medical services

Covered conditions

Service is provided by Emergency Assist 991 (EA991)

Available to covered family members at
No co-payment

[Read more on page 15](#)

Alternative treatments

Covered conditions

Chiropractic (form of treatment concerned with diagnosis and treatment of musculoskeletal disorders)	BWP 2,300 per family per annum for any combination of these conditions
Homeopathy/Naturopathy(form of treatment using small doses of natural substances that in larger amounts would produce symptoms of the ailment)	
Acupuncture (A Chinese treatment using very small needles)	
Traditional Medicine	

Child birth

Covered conditions

Child birth (Confinement)	Subject to preauthorisation and case management (you will need to contact our managed care department)
Normal delivery	BWP 13,100
Caesarean section (C-section)	BWP 27,000
Confinement facility fees	Up to BWP 1,300,000 subject to pre-authorization and case management
Infertility (subject to pre-authorisation & age limits)	BWP 20,000
2 Ultrasound scans per pregnancy	Up to BWP 500,000 or balance thereof(hospitalization)
Surgical contraception	

Normal dentistry

Covered conditions

Maxilo-facial & oral surgery	Up to annual basic limit and upon referral by medical doctor
Conservative dentistry including plastic based dentures	Up to annual basic limit or balance thereof.
Specialised dentistry	
Inlays, crowns, bridgework, study models, metal base dentures and their repair,	BWP 20 000
periodontics, prosthodontics and orthodontics	
Orthodontics	BWP 30,000. The cut-off for orthodontic treatment is the eve of a beneficiary's 36th birthday

For your eyes

Covered conditions

Frame and lenses or contact lenses and contact lenses solutions	BWP 5,720 per family member every 2 years
Eye test by optometrist	Agreed price with optician
Orthoptistry	BWP 1,600
Refractive Eye Surgery (pre-authorisation required)	BWP 15,000

Executive benefits

Per annum/per family



Preventive care

Covered conditions

Preventive package
Safe male circumcision (HIV prevention only)
Surgical contraception

Annual medical examination inclusive of screening tests
At agreed tariff subject to preauthorization
Subject to preauthorization



Drug rehabilitation

Covered conditions

Alcoholism and Drug addiction

BWP 30,000 per family per annum,
subject to preauthorization



Additional benefits

Covered conditions

International Travel insurance (up to BWP 25 million) ✓

Maternity programme PulaBaby ✓

Funeral pay-out (in the event a member of your family passes on, we will pay-out to a nominated beneficiary) ✓

Premium Waiver (your loved ones will remain covered for 12 months at no cost in the instance you pass on) ✓

Your premier health & wellbeing partner



Student Cover

Pulamed through its South African based medical aid partners, offers comprehensive medical aid cover at discounted rates for members. This cover also facilitates for Visa applications. T's & C's Apply.



bd@pulamed.co.bw



3650555 for more information

What does your medical aid cover?

Pulamed provides healthcare cover for a variety of conditions through healthcare disciplines. Broadly, this is Hospital cover and out-patient cover. The Fund gives you the right to choose a service provider of your choice. Accessibility to high-quality healthcare is guaranteed to a holder of the Pulamed card.

Dentistry

General and specialised dental treatments such as braces and crowns.

Spectacles and optical

For the treatment of long and short sight and other diagnosed conditions. Available once every 2 years

Dread diseases

Cancer, organ transplants, heart diseases, stroke, kidney failure, hepatitis, slo, road accidents.

Hospitalisation

We cater for both private and public hospitals. Hospitalisation requires pre-authorisation in most cases except emergency.

Drug addiction and alcoholism

Patients struggling with addiction can be admitted to rehab. t&c

Emergency Medical Services

Emergency evacuations through our contracted partner EA991, applies road and air lifting.

Medications

Medications Acute, Chronic, Psychiatric and ART medicines t&c

Child birth-Maternity

We cover both natural and C-section births

Diagnostics

Clinical psychology and mental health

Physiotherapy

Funeral benefit and Premium waiver on death

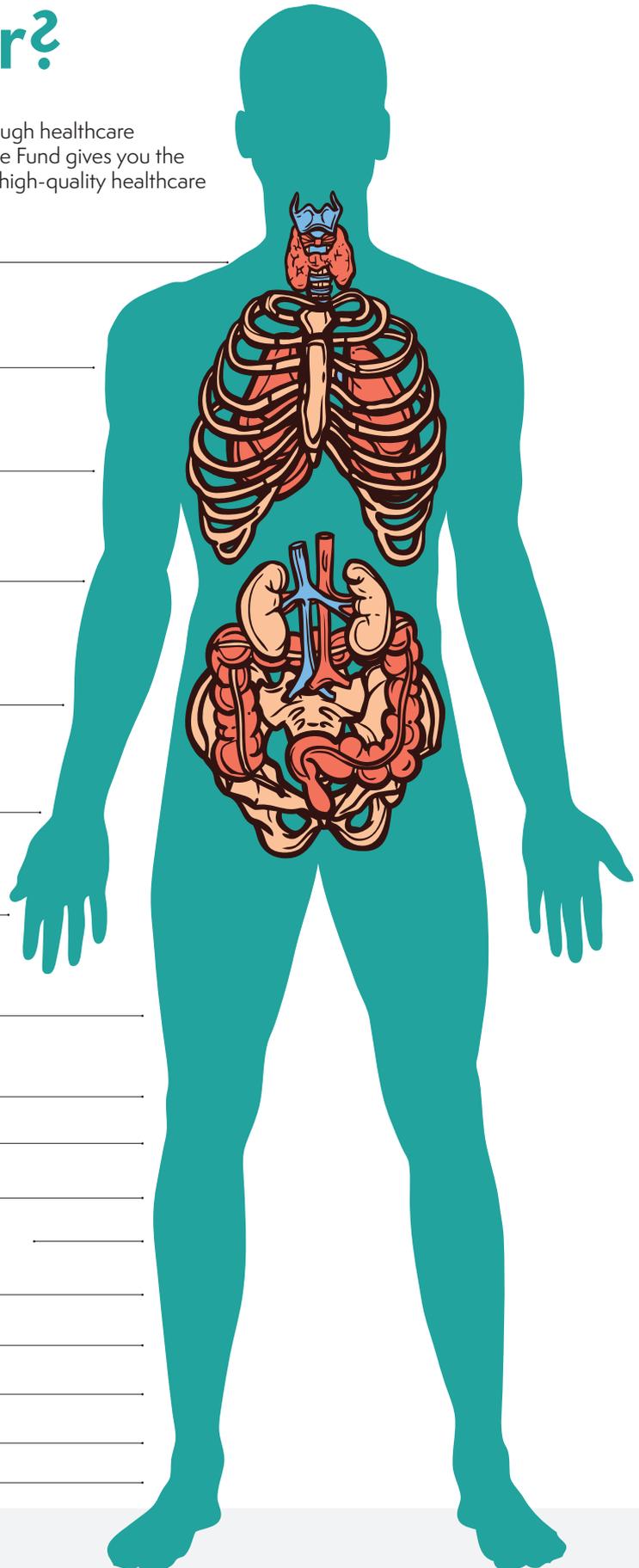
Consultations GP and specialists

Safe male circumcision

International Travel Insurance

Cover for Chronic conditions

Preventive screening



*No waiting periods imposed on HIV/AIDS

Deluxe benefits

Comprehensive cover up to **P 1.4million**



Per annum/per family

Total cover

Covered conditions

Annual overall limit (annual basic limit + dread disease cover)	BWP 1,400,000
Annual basic limit (including hospital visitation)	BWP 700,000
Dread disease cover (cover for specific medical conditions)	BWP 700,000

Consultations

Covered conditions

General practioner consultation visits	Up to BWP 200,000
Medical specialist consultation visits	Up to BWP 200,000
Physiotherapy	Up to BWP 20,000
Anesthetics	Up to BWP 200,000
Non-surgical procedures and operations	Up to BWP 200,000
Other related professional services	Up to BWP 200,000

Diagnostics

Covered conditions

Diagnostic Pathology	Up to BWP 200,000
Diagnostic Radiology	Up to BWP 200,000
MRI and CT scans	Up to BWP 200,000 Subject to preauthorisation

Medicines

Covered conditions

Overall medicines limit	Up to BWP 9,000
Pharmacy only medicines (over the counter medicines)	Up to BWP 1,000
Prescription only medicines including injection materials supplied by authorized health professional	Up to BWP 8,000
Chronic Disease Medicines (NCDs)	BWP 20,000 per person covered in the family
Psychiatric Medicines	BWP 20,000 per person covered in the family
HIV/AIDS	BWP 20,000 (includes antiretroviral drugs, monitoring tests, CD+ and viral load)

Hospital admission

Covered conditions

Private and government hospitals (in-patients)	Subject to preauthorisation and case management
Hospitalisation (General)	Up to BWP 500,000 or balance thereof
Intensive care unit or high care	Up to BWP 500,000 or balance thereof
Recovery room fees	Up to BWP 500,000 or balance thereof
Medicines, materials & apparatus during your hospital admission	Up to BWP 500,000 or balance thereof
Theatre fees	Up to BWP 500,000 or balance thereof
Prosthesis used in surgery	Up to BWP 100 000 or balance thereof

Nursing and home based services

Covered conditions

Consulting Nurse (Family Nurse Practitioner)	At a consultation tariff equivalent to half that of a general medical practitioner and up to annual basic limit
Step-down facility/ Nursing homes	Maximum of 42 days in any one (1) financial year and at agreed price with facility
Home-based nursing	Up to BWP 3,600 depending on the family size

Deluxe benefits



Other medical services

Per annum/per family

Covered conditions

Occupational Therapy	BWP 10,000 per family per annum or any combinations of these conditions
Audiology and/or speech therapy	
Clinical Psychology	BWP 10,000 per family per annum or any combinations of these conditions
Chiropody	
Dietician (Doctor's referral required)	
Ambulance (Inter-hospital transfer only)	BWP 3,500 per case
Blood Transfusion	Up to BWP 200,000
Medical assistive devices	BWP 20,000 per family per annum
Medical and surgical appliances	Up to BWP 4,800 depending on the family size. Subject to pre-authorisation
Wheel chair	BWP 3,500 per beneficiary once every three(3) years



Emergency medical services

Covered conditions

Service is provided by emergency Assist 991 (EA991)

Available to covered family members at
No co-payment

[Read more on page 15](#)



Alternative treatments

Covered conditions

Associated health services	BWP 1,725 for any one or a combination of these treatments
Chiropractic (form of treatment concerned with diagnosis and treatment of musculoskeletal disorders)	
Homeopathy/Naturopathy(form of treatment using small doses of natural substances that in larger amounts would produce symptoms of the ailment)	
Acupuncture (A Chinese treatment using very small needles)	
Traditional Medicine	



Child birth

Covered conditions

Child birth (Confinement)	Subject to preauthorisation and case management (you will need to contact our managed care department)
Normal delivery	BWP 13,100
Caesarean section (C-section)	BWP 27,000
Infertility (subject to pre-authorisation & age limits)	BWP15,000
2 Ultrasound scans per pregnancy	
Surgical contraception	Up to BWP 500,000 or balance thereof(hospitalization)



Normal dentistry

Covered conditions

Maxilo-facial & oral surgery	Up to annual basic limit but limited to BWP 200,000 per family subject to pre-authorization
Conservative dentistry including plastic based dentures	Up to annual basic limit

Specialised dentistry

Inlays, crowns, bridgework, study models, metal base dentures and their repair, Periodontics and prosthodontics	BWP 20 000
Orthodontics	BWP 20,000. The cut-off for orthodontic treatment is the eve of a beneficiary's 36th birthday



For your eyes

Covered conditions

Spectacles and or contact lenses and contact lenses solutions	BWP 4,680per family member every 2 years
Eye test by optometrist	At agreed tariff up to BWP 200,000
Orthoptistry	BWP 1,600
Refractive Eye Surgery (pre-authorisation required)	BWP10,000

Deluxe benefits

Per annum/per family



Preventive care

Covered conditions

Preventive package
Safe male circumcision (HIV prevention only)

Annual medical examination inclusive of screening tests
At agreed tariff subject to preauthorization



Drug rehabilitation

Covered conditions

Alcoholism and Drug addiction

BWP 20,000 per family per annum,
subject to preauthorization



Additional benefits

Covered conditions

International Travel insurance (up to BWP 25 million) ✓

Maternity programme PulaBaby ✓

Funeral pay-out (in the event a member of your family passes on, we will pay-out to a nominated beneficiary) ✓

Premium Waiver (your loved ones will remain covered for 12 months at no cost in the instance you pass on) ✓



We offer
comprehensive
healthcare benefits!

Dread Disease Cover

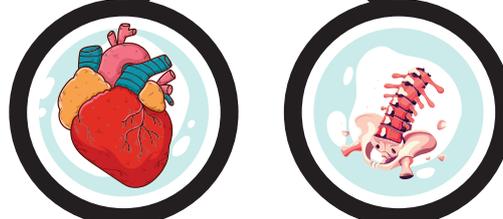
The Dread Disease Cover is available to members of the Executive and Deluxe Benefit Options. The Dread Disease Cover annual limit is P 700 000 per family for the Deluxe Option and P 1 000 000 per family for the Executive Option.

Heart attack

The death or final cessation of a full thickness portion of the heart muscle, due to adequate blood supply to the relevant. The diagnosis will be based on the following criteria.

A history of typical chest pain
New ECG changes and
The elevation of cardiac enzymes

Coronary Heart Disease
Open by-pass surgery or surgical treatment of a coronary disease

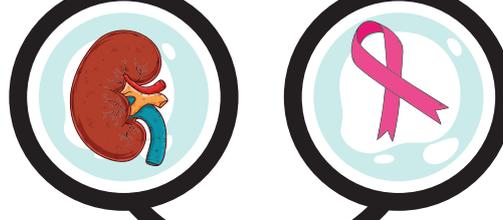


Stroke

Any cerebrovascular occurrence which produces neurological sequel which lasts more than 24 successive hours and produces evidence of permanent neurological deficit, included herein shall be infraction (localized death because of inadequate blood supply) of brain tissue, intracranial (within the skull) and or subarachnoid hemorrhage and embolization (sudden blocking of blood vessels) from an extra cranial source.

Kidney Failure

End stage renal failure presenting as chronic irreversible failure of both kidneys to function, as a result of which regular renal dialysis must be instituted.



Cancer

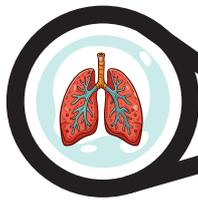
A disease manifested by the presence of malignant tumor characterized by the uncontrolled growth and spread of malignant cells, and invasion of normal surrounding tissue, except, that, cancers diagnosed and treated by primary biopsy only: that is, not requiring any further surgical, medical (chemotherapy etc) or radio-therapy, or other modalities are excluded. These excluded treatment areas will continue to be covered under basic /ordinary annual limits. For 'dread disease' purposes, the term Cancer shall also include leukemia and Hodgkin's Disease (enlargement of lymph glands in the spleen, liver etc) but shall exclude all skin cancers; except invasive and malignant melanomas. As with biopsies etc treatment of skin cancer will be paid out of the base (ordinary) annual limits.

Organ transplant

The human to human transplant from a donor to the Fund's beneficiary, of one or more of the following organs:

- Kidney - Heart
- Lung - Pancreas
- Bone Marrow - Liver

The transplant of all or other organs, parts of organs or any other tissue transplant is excluded.



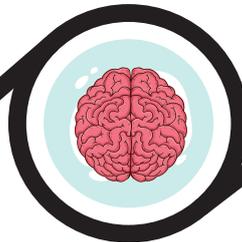
Paraplegia

The total and irreversible loss of the use of both limbs.



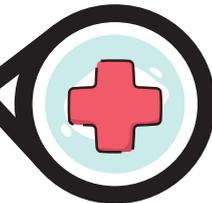
Systemic Lupus Erythematosus (SLE)

A chronic autoimmune disease that affects different parts of the body including heart, lungs, blood vessels, muscles, joints, kidneys, and the nervous system. Manifestation differs from person to person.



Multiple Sclerosis

A disease or diagnosis by a suitably qualified specialist practitioner of the central nervous system, characterized by disseminated patches of demyelination (destroyed myelin tissue) in the brain or spinal cord-resulting in multiple neurological symptoms and signs, with remissions and exacerbations.



Motor vehicle/ Road traffic accident

Treatment emanating from, or as a cause of the patient having been involved in a road traffic accident. The Fund's exposure will be limited to the extent of Annexure C Rule 2.8 (of the existing Rules) which provides that any other party (such as Motor Vehicle Accident Fund) who is liable fully or in part will contribute to treatment costs.



Hepatitis C

Treatment of chronic Hepatitis C as per standard treatment guidelines.

Funeral benefit

The Fund provides a funeral benefit pay-out upon the passing of a member. This benefit comes at no additional cost to the member. To claim this benefit, members must satisfy the following requirements:

1 Beneficiaries are required to submit their funeral benefit claims within six (6) months of the death of the member.

2 The beneficiaries will need to submit the following supporting documents:

- Certified copy of death certificate
- Affidavit for the individual receiving the funds to show that they have been nominated by the family
- ID copy of the nominated individual for the funeral benefit payout.

3 Cash payment schedule is as follows:

	Executive Option	Deluxe Option	Galaxy Option	Flexi Option	Standard Option
The Member	P13,000	P10,000	P8,500	P8,500	P5,500
The Member's Spouse	P13,000	P10,000	P8,500	P8,500	P5,500
Children					
Aged 16 years and older but less than 21 years	P7,000	P7,000	P4,500	P4,500	P4,500
Aged 6 years and older but less than 16 years	P7,000	P4,500	P4,000	P2,500	P3,000
Aged less than 6 years, including still born	P7,000	P4,500	P4,000	P2,500	P2,000

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Botswana Life



Emergency Medical Services

The services covered under Emergency Medical Services include:

Emergency Medical information and support

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 Pula 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

Inter-hospital Transfer

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

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.

Medical Information 24 Hour Call Centre

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

Medical repatriation

After treatment outside Botswana, 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.

Escort Minors

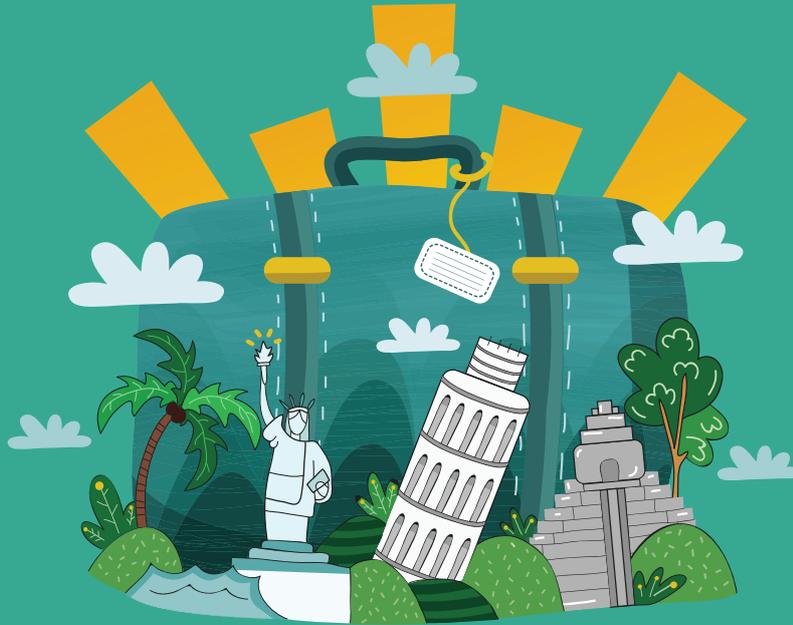
EA991 will take care and provide escorted transport to stranded minors of hospitalized or deceased parents or guardians.

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.

Travel Insurance

Up to P25 Million International Travel Cover!

Pulamed offers International Travel Insurance for Executive & Deluxe Benefit Option Members at no additional cost. The two packages offered under this cover are Silver and Gold covers. The Silver package offers cover for up to 92 consecutive days per travel worth P1million for travel to Lesotho, South Africa, Namibia and Eswatini. The Gold package offers cover for up to 92 consecutive days worth P25million for the rest of the world.



Repatriation of remains and coffin costs of up to P200,000

If you or your covered dependants pass on while travelling, the insurer will provide transportation and coffin costs to the host country.

Cover for Emergency medical costs

The insurer will cover you or covered dependants up to P25m for medical related expenses while travelling.

P500,000 Kidnapping or Wrongful detention

There is cover up to P500,000 should you find yourself on the wrong side of the law or you are kidnapped with the intention to seek ransom or extortion.

Up to P200,000 for theft or damage of baggage

The benefit included cover of theft and damage to personal property caused by third party.

Up to P20,000 for Hijack Incidents

Members may claim up to P20,000 for any hijacking related incident that may occur while travelling outside the country.

92 consecutive days cover

Cover of up to 92 consecutive days outside Botswana.

Up to P7,500 for missed flight connection

The cover includes cover for flight delays.

Up to P30,000 death and disability cover

The cover includes cover for disability and death for you and your covered dependants.

Up to P15,000 cover for the return of accompanying children and travel companion

The cover provided for the safe return of accompanying children and travel companion back to country of origin.

Apply 48 hours before your travel online at www.pulamed.co.bw. The travel insurance number will be detailed on your policy document. The policy wording document is available on the Pulamed website. T's & C's Apply.

For enquiries
travelinsurance@pulamed.co.bw

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Pulababy Maternity Programme

At Pulamed, we understand that being pregnant is a very important time in a woman's life and that having a baby is a life-changing experience, and can be rather overwhelming to the family. This is why we have PulaBaby, a tailored maternity care programme that offers the best care to you and your partner throughout the stages of pregnancy. We walk this most exciting period with you by offering:

Advice And Educational Material

Throughout the various stages of pregnancy, we provide you with a learning opportunity so that you and your partner are prepared to participate in your own medical care and even make informed choices relating to delivery, mother, and baby's health. We give both the expectant mother and father advice and educational materials.

Hamper Bag

What is pregnancy without goodies or a smile on your face? During the last trimester of the pregnancy, our expectant members receive a hamper bag with goodies and educational materials on the mother and the baby's health as well as a guide to the father.

Early Identification Of High Risk Pregnancy

Not all pregnancies are the same; some are healthy while others can be a bit risky where you and the baby have an increased chance of health complications. At Pulamed we are committed to helping you deliver that bundle of joy safely and healthily. Our programme is geared towards early identification of high-risk pregnancy for referral to the relevant service provider.

Email Service To Expectant Father

Pregnancy is a transformational process for a man as such we do not leave our expectant fathers behind. We ensure that as a father you are fully involved from the first trimester to the last by providing you with an email service on what to expect when expecting to assist you to better understand the demands of expecting and be better placed to guide your partner.

On-going Telephone Advice And Support

Our advice and tips do not end with the first trimester of our members' pregnancy. During the second and third trimester, we also provide on-going advice and support through the telephone. This allows our members to seek timely clarification and further information. The opportunity also gives you the necessary contact required during pregnancy.

How to register on the programme

- Expectant moms may register from 12 weeks of pregnancy online at www.pulamed.co.bw
- You will receive a confirmation email and phone call.
- Kindly note only registered members are eligible to receive a hamper bag.

T's & C's Apply.



Preventative Care Benefit

*Prevention is still
the best cure*

At Pulamed, we know that prioritising regular screening and getting an early diagnosis can go a long way in helping you and your family live healthier and happier lives. Members are encouraged to utilise the wellness screening benefit for early illness identification & diagnosis which will in turn facilitate for timely referral and medical intervention should that be required. Pulamed offers cover for the following preventative care and wellness screenings for all members:



Annual Physical Examinations by a Physician

A routine test performed by a physician to check your overall health:

- Weight
- BMI
- Blood Pressure
- Cholesterol



Liver Function Test

We all want to live with the certainty that our body organs including our livers are functioning well. Doctors use the liver function test to check how well the liver is working.



Prostate Cancer Screening (PSA)

The Prostate Specific Antigen (PSA) test is a blood test to screen for prostate Cancer in men aged 40 and above.



Breast Cancer Screening

Mammogram for women aged 40 and above to screen for Breast Cancer.



Cervical Cancer Screening (Pap Smear)

Screening procedure for cervical cancer testing for the presence of precancerous or cancerous cells on the cervix, the opening of the uterus. . Pap Smear for women aged 25 years and above.



Urea and Electrolytes

Urea and electrolytes provides essential information on renal function, principally in excretion and homoeostasis, they are the most commonly requested biochemistry tests.



Diabetes Screening (Fasting Blood Sugar)

A test that measures blood glucose after you have not eaten for some hours. It is often the first test done to check for prediabetes and diabetes



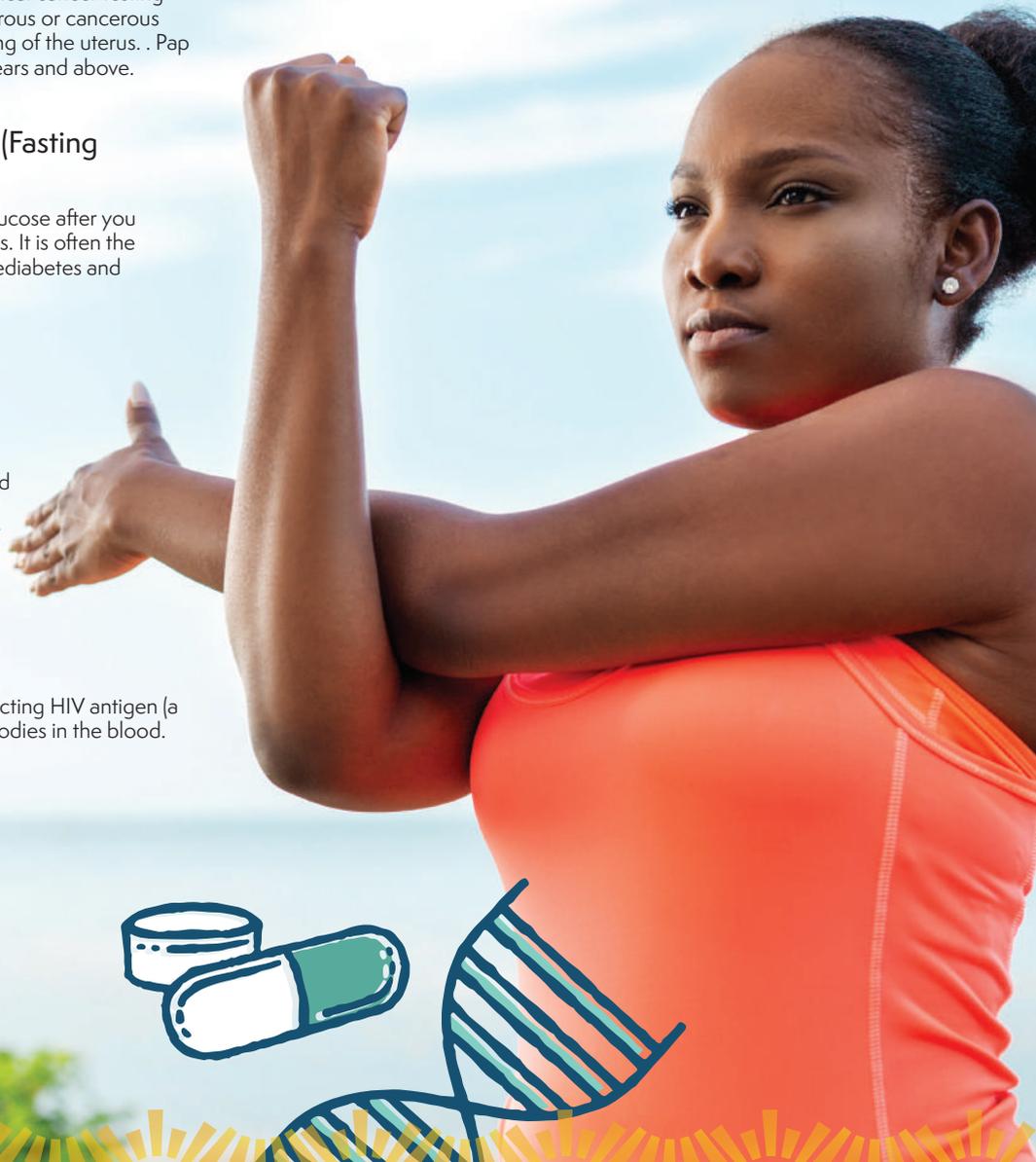
Full Blood Count

This is a very common blood test that checks the number of red cells, white cells and platelets in the blood. It is used to check a person's general health as well as screening for specific conditions, such as anemia.



HIV/AIDS Screening

This screening is aimed at detecting HIV antigen (a part of the virus) and HIV antibodies in the blood.



Other Additional benefits



100%

COVER ON CHRONIC PRESCRIPTIONS

Pulamed offers 100% cover for Chronic Prescriptions. Member are exempt from 10% co-payment.



PREMIUM WAIVER

WE PROVIDE CONTINUATION OF COVER AFTER DEATH OF A PRINCIPAL Member

There is nothing as comforting as knowing your family will be taken care of when you are gone. The benefit pays medical aid contributions for the registered dependants for a period of 12 months upon the passing of the principal member. This benefit ensures the following:

- Continued medical aid cover & financial freedom for the remaining dependants.
- The benefit kicks-off automatically upon receipt of proof of death of the Principal Member.
- Members may elect to continue as members after the 12-month period as Continuing Members and pay a monthly contribution.

Underwritten by



LIBERTY

In order to benefit from this, the registered dependants should notify The Fund upon passing of the Principal Member.



10%

CO-PAYMENT

Members and their families are required to pay 10% co-payment of the cost of services directly to the service provider as their contribution towards the cost of service. The Fund exempts members and their dependants from paying the 10% co-payment for covid-19 hospitalization and diagnostics, optical benefit, child birth and in an instance where the bill for services is in excess of BWP 30,000 for a single hospital admission/ admission event, subject to availability of Funds.

Chronic Disease Management

- Asthma
- Bipolar Mood Disorder
- Bronchiectasis
- Cardiac Failure
- Cardiomyopathy
- Chronic Obstructive Pulmonary Disease
- Benign Prostate Hyperplasia
- Chronic Renal Disease
- Coronary Artery Disease
- Crohn's Disease
- Diabetes Insipidus
- Diabetes Type 1
- Diabetes Type 2
- Dysrhythmia
- Osteoporosis
- Epilepsy
- Glaucoma
- Haemophilia
- Hepatitis C
- HIV
- Hyperlipidaemia
- Hypertension
- Hypothyroidism
- Multiple Sclerosis
- Irritable Bowel Syndrome
- Parkinson's Disease
- Rheumatoid Arthritis
- Schizophrenia
- Systemic Lupus Erythematosus
- Ulcerative Colitis
- Peptic/Duodenal/Gastric Ulcers
- Depression

Where to get your medicine?

You can choose from over 160 registered pharmacies around the country to collect your prescribed chronic medicines. Pulamed does not impose restrictions.

The Chronic Disease Benefit

It covers you for a defined list of chronic conditions. Members are required to apply for the Chronic Management Program to access their prescribed monthly medication. The Chronic Disease Management & HIV/ART forms are available at www.pulamed.co.bw. Members may submit their forms directly to managedcaredepartment@afa.co.bw

Confidentiality

We strive to keep all information about patients and their diagnosis as confidential as possible and it will not be disclosed to any third parties, employers, or any persons without your express written consent. When sending your forms, especially for Chronic conditions and HIV, you can personally deliver to Managed Care or send to managedcaredepartment@afa.co.bw

Medicine cover for Chronic conditions

Medicine cover for Chronic conditions - You get full cover for approved chronic medicine on our medicine list. For medicine not on our list, we cover you up to a set tariff BWP, meaning that we pay up to the prescribed amount. Please note in this case, you may have to top up from your pocket.



Galaxy benefits

Cover up to **P 125,000**



Per annum/per family

Total cover

Covered conditions

Annual overall limit (annual basic limit + dread disease cover)	BWP 125,000
Annual basic limit (including hospital visitation)	BWP 125,000
Dread disease cover (cover for specifics medical conditions)	x

Consultations

Covered conditions

General Practitioner consultation visits	Up to BWP 3,000 per beneficiary
Medical specialist consultation visits	Up to BWP 4,000 per beneficiary
Physiotherapy	Up to BWP 10,000
Anesthetics	Up to annual basic limit per family or balance thereof
Non-surgical procedures and operations	Up to annual basic limit per family or balance thereof
Other related professional services	Up to annual basic limit per family or balance thereof

Diagnostics

Covered conditions

Diagnostic Pathology	Up to BWP 10,000
Diagnostic Radiology	Up to BWP 10,000
MRI and CT scans	x

Medicines

Covered conditions

Overall medicines limit	Up to BWP 6,182
Pharmacy only medicines (over the counter medicines)	Up to BWP 450
(Prescription only medicines as scheduled including Injection materials supplied by authorised health professional)	Up to BWP 5,732
Chronic Disease Medicines (NCDs)	BWP 10,000 per person covered in the family
Psychiatric Medicines	BWP 10,000 per person covered in the family
HIV/AIDS	BWP 9,700 per person covered in the family

Hospital admission

Covered conditions

Private and government hospitals (in-patients)	Up to BWP 75,000 or remaining balance
Hospitalisation (General and surgical wards)	Up to BWP 75,000 or remaining balance
Intensive care unit or high care	Up to BWP 75,000 or remaining balance
Recovery room fees	Up to BWP 75,000 or remaining balance
Medicines, materials & apparatus during your hospital admission	Up to BWP 75,000 or remaining balance
Theatre fees	Up to BWP 75,000 or remaining balance
Prosthesis used in surgery	Up to BWP 4,500 per annum

Nursing and home based services

Covered conditions

Consulting Nurse (Family Nurse Practitioner)	At a consultation tariff equivalent to half that of a general medical practitioner
Step-down facility/ Nursing homes	Maximum of 42 days in any one (1) financial year and at agreed price with facility
Home-based nursing	x

Galaxy benefits



Other medical services

Per annum/per family

Covered conditions

Audiology and/or speech therapy	BWP 4,000 per family per annum for any combination of these conditions
Dietician (Doctor's referral required)	
Clinical Psychology	
Occupational Therapy	
Chiroprody	
Ambulance (Inter-hospital transfer only)	Up to BWP 2,500 depending on the family size
Blood Transfusion	Up to annual overall limit
Medical assistive devices	x
Medical and surgical appliances	Up to BWP 800 depending on the family size
Wheel chair	x



Emergency medical services

Covered conditions

Service is provided by emergency Assist 991 (EA991)

Available to covered family members at
No co-payment

[Read more on page 15](#)



Alternative treatments

Covered conditions

Chiropractic (form of treatment concerned with diagnosis and treatment of musculoskeletal disorders)	BWP 1,000 per family per annum for any combination of these conditions
Homeopathy/Naturopathy (form of treatment using small doses of natural substances that in larger amounts would produce symptoms of the ailment)	
Acupuncture (A Chinese treatment using very small needles)	
Traditional Medicine	



Child birth

Covered conditions

Normal delivery	BWP 9,072
Caesarean section (C-section)	BWP 20,245



Normal dentistry

Covered conditions

Maxilo-facial & oral surgery	BWP 3,500 - BWP 5,000
Conservative dentistry including plastic based dentures	

Specialised dentistry

Inlays, crowns, bridgework, study models, metal base dentures and their repair, periodontics, prosthodontics and orthodontics	BWP 3,500
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For your eyes

Covered conditions

Orthopistry	At agreed tariff
Eye test by optometrist	BWP 385
Spectacles and or contact lenses and contact lenses solutions	BWP 1,664 per two(2) years per family member

Galaxy benefits



Preventive care

Per annum/per family

Covered conditions

Preventive package
Safe male circumcision (HIV prevention only)

Annual medical examination
Agreed tariff subject to pre-authorization



Drug rehabilitation

Covered conditions

Alcoholism and Drug addiction

BWP 2,200



Additional benefits

Covered conditions

International Travel insurance (up to BWP 25 million) ✘

Maternity programme PulaBaby ✔

Funeral pay-out (in the event a member of your family passes on, we will pay-out to a nominated beneficiary) ✔

Premium Waiver (your loved ones will remain covered for 12 months at no cost in the instance you pass on) ✔

Providing ease of access to
**affordable, equitable and
high-quality healthcare**
to our members through
innovative means!

Standard benefits

Cover up to **P 50,000**



Per annum/per family

Total cover

Covered conditions

Annual overall limit (annual basic limit + dread disease cover)	BWP 50,000
Annual basic limit (including hospital visitation)	BWP 50,000
Dread disease cover (cover for specific medical conditions)	x

Consultations

Covered conditions

General practitioner consultation visits	Up to annual basic limit per family or balance thereof
Medical specialist consultation visits	Up to annual basic limit per family or balance thereof
Physiotherapy	Up to annual basic limit per family or balance thereof
Anesthetics	Up to annual basic limit per family or balance thereof
Non-surgical procedures and operations	Up to annual basic limit per family or balance thereof
Other related professional services	Up to annual basic limit

Diagnostics

Covered conditions

Diagnostic Pathology	Up to annual basic limit or balance thereof
Diagnostic Radiology	Up to annual basic limit
MRI and CT scans	Up to annual basic limit

Medicines

Covered conditions

Overall medicines limit	Up to BWP 6,182
Pharmacy only medicines (over the counter medicines)	Up to BWP 450
Prescription only medicines including injection materials supplied by authorized health professional	Up to BWP 5,732
Chronic Disease Medicines (NCDs)	BWP 10,000 per person covered in the family
Psychiatric Medicines	BWP 10,000 per person covered in the family
HIV/AIDS (ART)	Up to BWP 9,700

Hospital admission

Covered conditions

Private and government hospitals (in-patients)	Up to BWP 40,000 or balance thereof
Hospitalisation (General)	Up to BWP 40,000 or remaining balance
Intensive care unit or high care	Up to BWP 40,000 or remaining balance
Recovery room fees	Up to BWP 40,000 or remaining balance
Medicines, materials & apparatus during your hospital admission	Up to BWP 40,000 or remaining balance
Theatre fees	Up to BWP 40,000 or remaining balance
Prosthesis used in surgery	Up to BWP 4,500 or remaining balance

Nursing and home based services

Covered conditions

Consulting Nurse (Family Nurse Practitioner)	At a consultation tariff equivalent to half that of a general medical practitioner and up to annual basic limit
Step-down facility/ Nursing homes	Maximum of 42 days in any one (1) financial year and at agreed price with facility
Home-based nursing	Up to BWP 3,600

Standard benefits



Other medical services

Per annum/per family

Covered conditions

Audiology and/or speech therapy	BWP 4,800 for any or combination of these conditions
Dietician (Doctor's referral required)	
Clinical Psychology	
Occupational Therapy	
Chiropody	
Ambulance (Inter-hospital transfer only)	BWP 1,250 depending on the family size
Blood Transfusion	Up to annual basic limit
Medical assistive devices	x
Medical and surgical appliances	BWP 1,250 depending on the family size
Wheel chair	x



Emergency medical services

Covered conditions

Service is provided by emergency Assist 991 (EA991)	Available to covered family members at No co-payment
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[Read more on page 15](#)



Alternative treatments

Covered conditions

Chiropractic (form of treatment concerned with diagnosis and treatment of musculoskeletal disorders)	up to BWP 765 per family per annum for any combination of these conditions
Homeopathy/Naturopathy(form of treatment using small doses of natural substances that in larger amounts would produce symptoms of the ailment)	
Acupuncture (A Chinese treatment using very small needles)	
Traditional Medicine	



Child birth

Covered conditions

Normal delivery	BWP 8,640
Caesarean section (C-section)	BWP 15,969
Surgical contraception	x



Normal dentistry

Covered conditions

Maxilo-facial & oral surgery	Up to annual overall limit or balance thereof
Conservative dentistry including plastic based dentures	Up to annual basic limit or balance thereof
Specialised dentistry Inlays, crowns, bridgework, study models, metal base dentures and their repair, periodontics, prosthodontics and orthodontics	BWP 3,500



For your eyes

Covered conditions

Eye test by optometrist	BWP 385
Orthoptistry	At agreed tariff & up to overall limit
Frame and lenses OR contact lenses and contact lenses solutions	BWP 1,664 per two(2) years

Standard **benefits**

Per annum/per family



Preventive care

Covered conditions

Preventive package
Safe male circumcision (HIV prevention only)

Annual medical examination inclusive of screening tests
At agreed tariff



Drug rehabilitation

Covered conditions

Alcoholism and Drug addiction

BWP 2,200



Additional benefits

Covered conditions

International Travel insurance (up to BWP 25 million) ✘

Maternity programme PulaBaby ✔

Funeral pay-out (in the event a member of your family passes on, we will pay-out to a nominated beneficiary) ✔

Premium Waiver (your loved ones will remain covered for 12 months at no cost in the instance you pass on) ✔

Life can be complicated;
your medical aid doesn't
need to be!

Flexi benefits

Cover up to **P60 000**



Per annum/per family

Total cover

Covered conditions

Annual overall limit (annual basic limit + dread disease cover)	BWP 60,000
Annual basic limit (what you can use for day to day medical conditions)	BWP 60,000
Dread disease cover (cover for specifics medical conditions)	x

Consultations

Covered conditions

General practioner consultation visits	Up to BWP 1,500
Medical specialist consultation visits	Up to BWP 1,500
Physiotherapy	Up to BWP 9,000
Anesthetics	x
Non-surgical procedures and operations	x
Other related professional services	x

Diagnostics

Covered conditions

Diagnostic Pathology	Up to BWP 5,000
Diagnostic Radiology	Up to BWP 7,000
MRI and CT scans	x

Medicines

Covered conditions

Overall medicines limit	Up to BWP 4,000
Pharmacy only Medicines (Over the counter medicines)	Up to BWP 300
Prescription only medicines including injection materials supplied by authorized health professional	Up to BWP 3,700
Chronic Disease Medicines (NCDs)	BWP 10,000 per person covered in the family
HIV/AIDS (ART)	BWP 10,000 per person covered in the family

Hospital admission

Covered conditions

Private and government hospitals (in-patients)	x
Hospitalisation (General and surgical wards)	x
Intensive care unit or high care	x
Recovery room fees	x
Medicines, materials & apparatus during your hospital admission	x
Theatre fees	x
Prosthesis used in surgery	x

Nursing and home based services

Covered conditions

Consulting Nurse (Family Nurse Practitioner)	x
Step-down facility/ Nursing homes	x
Home-based nursing	x

Flexi benefits



Other medical services

Per annum/per family

Covered conditions

Audiology and/or speech therapy	x
Dietician (Doctor's referral required)	x
Clinical Psychology	x
Occupational Therapy	x
Chiroprody	x
Ambulance (Inter-hospital transfer only)	x
Blood Transfusion	x
Medical assistive devices	x
Medical and surgical appliances	x
Wheel chair	x



Emergency medical services

Covered conditions

Service is provided by emergency Assist 991 (EA991)

Available to covered family members at
No co-payment

[Read more on page 15](#)



Alternative treatments

Covered conditions

Chiropractic (form of treatment concerned with diagnosis and treatment of musculoskeletal disorders)	BWP 1,000 per family per annum for any combination of these conditions
Homeopathy/Naturopathy(form of treatment using small doses of natural substances that in larger amounts would produce symptoms of the ailment)	
Acupuncture (A Chinese treatment using very small needles)	
Traditional Medicine	



Child birth

Covered conditions

Normal delivery	x
Caesarean section (C-section)	x
Surgical contraception	x



Normal dentistry

Covered conditions

Maxilo-facial & oral surgery	BWP 2,000 - BWP 3,500
Conservative dentistry including plastic based dentures	Up to annual basic limit or balance thereof
Specialised dentistry Inlays, crowns, bridgework, study models, metal base dentures and their repair, periodontics, prosthodontics and orthodontics	Not available



For your eyes

Covered conditions

Orthopistry	At agreed tariff
Eye test by optometrist	BWP 385
Spectacles and or contact lenses and contact lenses solutions	BWP 1,664 per two(2) years

Flexi benefits

Per annum/per family



Preventive care

Covered conditions

Preventive care package
Safe male circumcision (HIV prevention only)

Annual reduced examination inclusive of screening tests
At agreed tariff subject to preauthorization



Drug rehabilitation

Covered conditions

Alcoholism and Drug addiction

x



Additional benefits

Covered conditions

International Travel insurance (up to BWP 25 million)

x

Maternity programme PulaBaby) (Bolden)

✓

Funeral pay-out (in the event a member of your family passes on, we will pay-out to a nominated beneficiary)

✓

Premium Waiver (your loved ones will remain covered for 12 months at no cost in the instance you pass on)

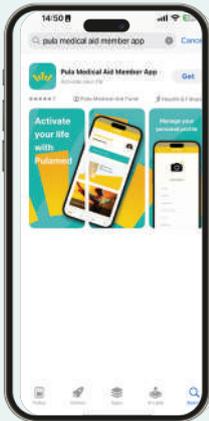
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Health &
Wellness
within reach!

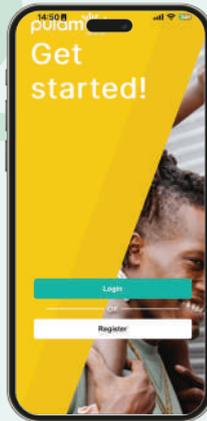
Activate your life with Pulamed



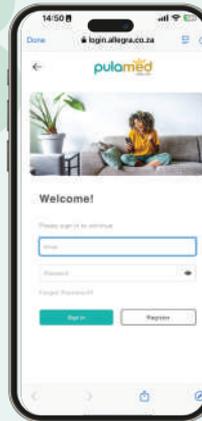
1 Download the app



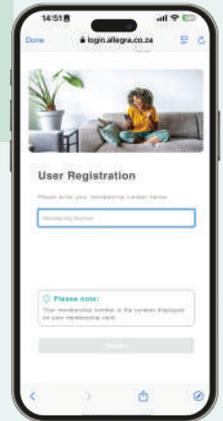
2 Follow the prompts to register your profile



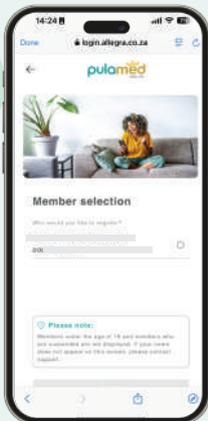
3 Enter your details



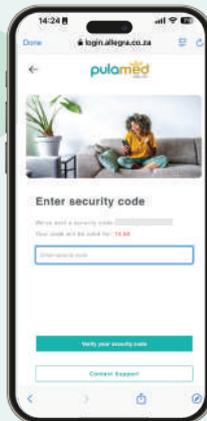
4 Enter your membership number



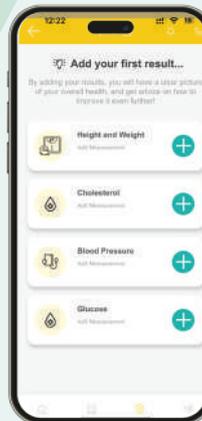
5 Select the member



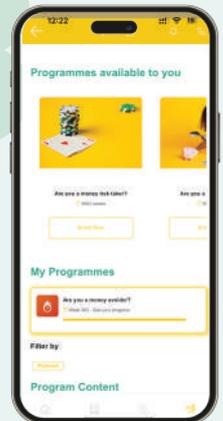
6 Enter OTP



7 Health Profile



8 Wellness Programme



You can now access the following features



View your digital Membership Card



Track your health



Submit & Track Claims



View your Account statement



Track your benefit utilisation



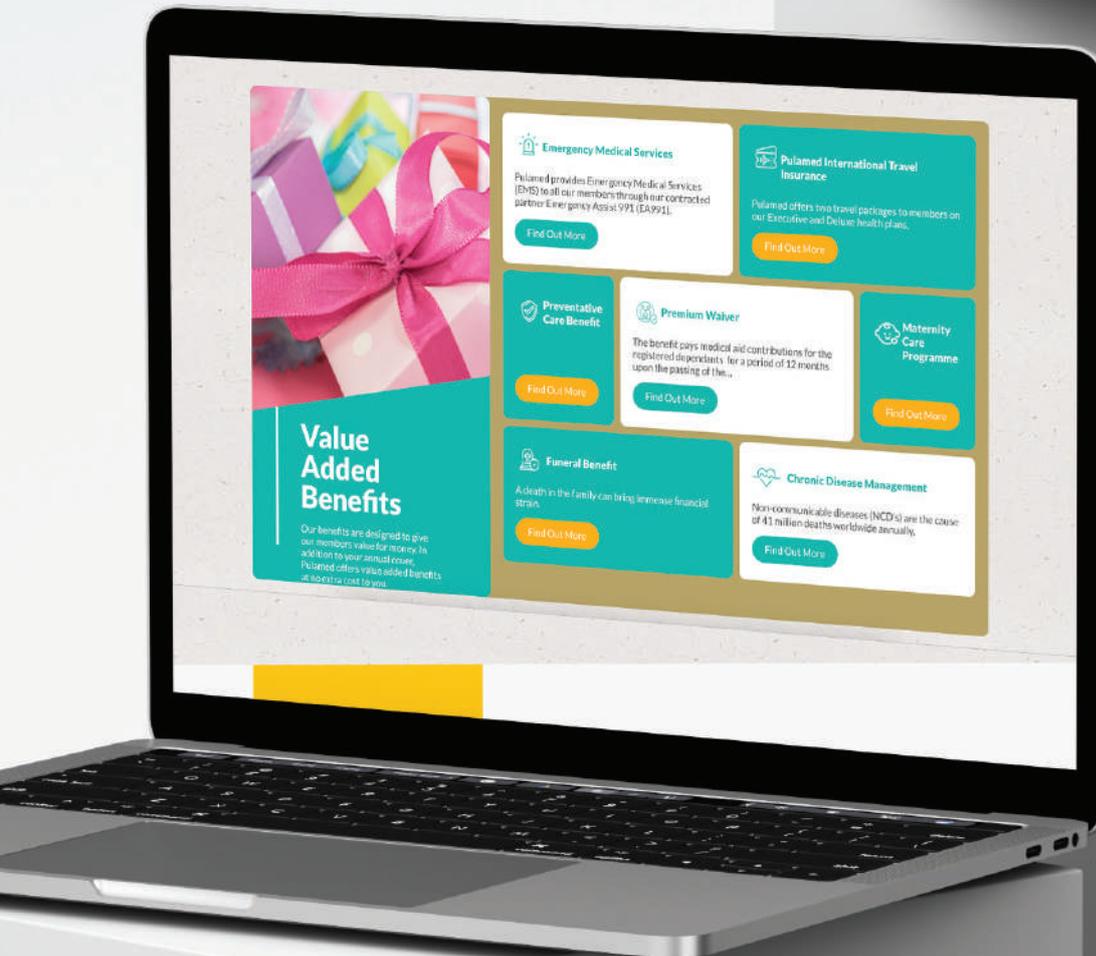
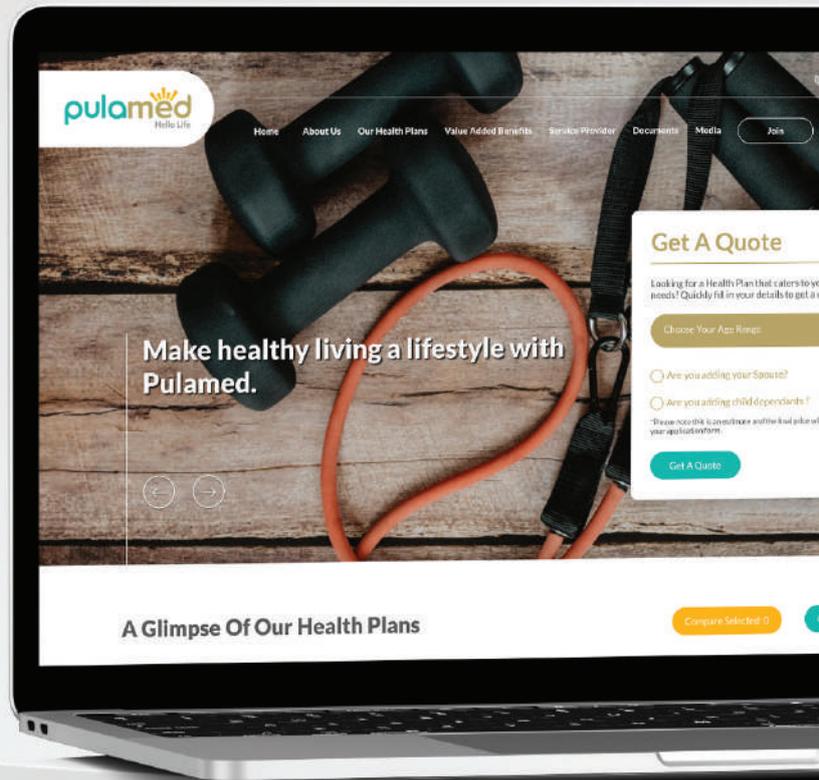
'Hello Life!



Web Access for Members

The web portal is used to communicate member specific information such as benefit limits, their utilization or balances and transactions that would have gone through their accounts. The platform also provides members with access to view their information (e.g. contact and beneficiary details) and ability to submit queries without visiting our offices.

The web portal is also used to communicate employer groups and service providers specific information. The facility provides access to viewing of accounts transaction and information to specific employer group and service provider. This includes details such as contact and account details, and from an employer group perspective list of covered employees and their dependents, billing information and statements.



Botswana service provider network

Over 900 Service Providers



Over 20 Pediatricians

Access to paediatricians is through direct access, meaning you don't need a referral to send your child below 5 years for consultation and treatment.



Over 260 General Practitioners

Use your GP as a family doctor to ensure continued care. Your doctor provides you with referrals to specialists and for investigations. You can directly visit gynaecologists, paediatricians, dentists, opticians and optometrists.



Over 30 Gynecologists

Women accessing the services of gynaecologists do not need a referral, we allow you to directly access the healthcare service provider.



Over 70 Hospitals & clinics

We are contracted with most private and government hospitals and clinics in Botswana, providing specialist care services. For non-emergency procedures you will need pre-authorization from our Managed Care service provider. Refer to RSA healthcare service provider groups below for additional networks.



Over 160 Pharmacies

Pulamed ensures that you can collect your acute and chronic medicines from over 160 pharmacies around the country, including the hospitals for admissions. Remember to always sign your invoices and to register for Chronic benefit access with Managed Care.



Over 70 Eye Care Services

Pulamed has ensured you have a comprehensive benefit allowing you and your family to consult over 70 eye care service providers including, opticians and optometrists spread around the country.



Over 90 Dental Services

The dental benefit covers you and your family for limited and specialised dental services provided by over 80 healthcare service providers, including prosthodontics, orthodontic, periodontists and maxilla facial services. Specialised dentistry requires pre-authorization and referral.



Over 60 Physiotherapy

This allied health profession is available for access by all members in all the benefit options. Make sure you have a referral letter from your GP.

2025/2026 contributions

Corporate contributions

Option	Stratum	Income Band	Principal Member	Adult Dependant	Child Dependant	Total
EXECUTIVE			2865	1968	446	5279
DELUXE	Stratum 1 (1-10)	P0 - P3 000 P3 001 - P10 000 P10 001 +	1645 1929 2024	1310 1537 1612	585 685 720	3540 4151 4356
	Stratum 2 (11-39)	P0 - P3 000 P3 001 - P10 000 P10 001 +	1452 1699 1785	1154 1356 1424	516 608 637	3123 3663 3846
	Stratum 3 (40-74)	P0 - P3 000 P3 001 - P10 000 P10 001 +	1305 1527 1606	1038 1219 1280	467 547 577	2810 3293 3463
	Stratum 4 (75+)	P0 - P3 000 P3 001 - P10 000 P10 001 +	1075 1261 1324	858 1000 1053	390 453 475	2323 2714 2852
GALAXY		P0 - P2 000 P2 001 - P5 000 P5 001 +	710 936 1001	612 800 858	156 200 231	1478 1936 2090
STANDARD		P0 - P2 000 P2 001 - P5 000 P5 001 +	612 809 865	525 691 740	134 173 200	1271 1673 1805
FLEXI		P0 - P2 000 P2 001 - P5 000 P5 001 +	455 600 642	391 512 549	99 130 149	946 1242 1340

Individual contributions

AGE	EXECUTIVE			DELUXE			GALAXY			STANDARD			FLEXI		
	PM	AD	CD	PM	AD	CD	PM	AD	CD	PM	AD	CD	PM	AD	CD
0 - 25	2865	1968	446	2081	1658	740	1001	858	231	865	740	200	642	549	149
25 - 30	2865	1968	446	2081	1658	740	1001	858	231	865	740	200	642	549	149
30 - 35	2865	1968	446	2081	1658	740	1001	858	231	865	740	200	642	549	149
35 - 40	2865	1968	446	2081	1658	740	1001	858	231	865	740	200	642	549	149
40 - 45	3009	2095	446	2186	1738	740	1051	904	231	908	774	200	674	575	149
45 - 50	3161	2172	446	2295	1828	740	1104	944	231	953	820	200	708	606	149
50 - 55	3319	2278	446	2409	1917	740	1157	993	231	1000	859	200	741	636	149
55 - 60	3484	2389	446	2531	2014	740	1216	1039	231	1052	898	200	780	667	149
60 - 65	3657	2513	446	2657	2113	740	1275	1095	231	1103	942	200	817	698	149
65 +	3840	2640	446	2789	2220	740	1341	1151	231	1160	989	200	859	735	149

PM - Principal Member
AD - Adult Dependant
CD - Child Dependant

General exclusions

1. Limitation of Benefits

- 1.1. The maximum benefits to which a member and his dependants shall be entitled in any financial year shall be limited as set out in Annexure B, C, D, E and F.
- 1.2. All new members admitted during the course of a financial year shall be entitled to the benefits set out in Annexure B, C, D, E and F with the maximum benefits being adjusted in proportion to the period of membership from the date of admission to the end of the particular financial year.
- 1.3. In cases of illness of a protracted nature, the Board shall have the right to insist upon a member or dependant of a member consulting any particular specialist the Board 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.
- 1.4. 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 Fund may, in the discretion of the Board, be limited to the amount that would have been paid to the general practitioner, for the same service.
- 1.5. Unless otherwise decided by the Board, 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.

2. Benefits Excluded

- 2.1. All costs incurred for the treatment or surgery not medically necessary for obesity.
- 2.2. All costs for operations, medicines, treatments and procedures for cosmetic purposes or for personal reasons and not directly caused by or related to illness, accident or disease.
- 2.3. All costs related to willfully self-inflicted injuries.
- 2.4. All costs for the treatment of infertility, including the artificial insemination of a person (In- Vitro Fertilisation (IVF)).
- 2.5. All costs in respect of injuries arising from professional sport, speed contests and speed trials.
- 2.6. All costs that are more than the annual maximum benefit to which a member is entitled in terms of the Rules of the Fund.
- 2.7. All costs in respect of sickness conditions that were specially excluded from benefits when the member joined the Fund, subject to Rule 22, Annexure B, C, D, E, and F.
- 2.8. All costs of whatsoever nature incurred 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 Committee is satisfied that there is no reasonable prospect of the member or dependant recovering adequate damages from the other party.
- 2.9. 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 a medical practitioner or to negligence on the part of the member or dependant.
- 2.10. The purchase of medicines not included in a prescription from a person legally entitled to prescribe.
- 2.11. All costs for services rendered by:
 - 2.11.1. 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;
 - 2.11.2. 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.
 - 2.11.3. any person not registered as a dental technician with the Dental Technicians Council or similar body of the country in which he practices; and
 - 2.11.4. any place, nursing or similar institution, except a state or provincial hospital, not registered in terms of the applicable legislation as a private hospital, unattached theatre or day clinic and any institution not licensed in terms of the appropriate legislation of the country concerned.
- 2.12. Purchase of:
 - 2.12.1. patent medicines and proprietary preparations;
 - 2.12.2. applicators, toiletries and beauty preparations;
 - 2.12.3. bandages, cotton wool and similar aids;
 - 2.12.4. patented foods, including baby foods;
 - 2.12.5. contraceptives and apparatus to prevent pregnancy;
 - 2.12.6. tonics, slimming preparations and drugs as advertised to the public;
 - 2.12.7. household and biochemical remedies.
- 2.13. All costs for vaccinations.
- 2.14. All costs for prophylactic treatment except for the prevention of malaria, pregnancy including intra uterine devices and HIV/AIDS related opportunistic infections.
- 2.15. All costs for medical examinations other than those ordered by a medical doctor in order to determine the treatment for a sickness condition.
- 2.16. Holidays for recuperative purposes.

We generally will do not apply waiting periods on our members. A new member who has never been a member of any recognised medical aid scheme or has had a break in membership more than 3 months will be subjected to waiting periods for the following benefits, where applicable:

Condition	Description	Waiting Period
Infant not registered within 30 days of birth	We give you 30 days to register your child with the fund, failing which the waiting period	3 months
Child birth	If you are already expectant when joining the fund, or planning to have a child, unfortunately you will not have a maternity benefit.	9 months
Specialised dentistry	We exclude procedures such as periodontics, orthodontics, crowns etc if you are a new member to medical aid.	12 months
Pre-existing conditions	Chronic conditions, or already existing medical conditions, procedures will be excluded from cover except for HIV.	24 months
Pre-existing conditions Individual Membership	A member joining Pulamed on Individual Membership from a previous recognized medical aid provider (even if was covered continuously for 12 months or more) and has made full disclosure of a pre-existing condition or an elective procedure that will require a major intervention within three (3) months of the member's admission, may be subject to a twelve (12) months waiting period	12 months

*Proof of cover in the form of a membership certificate will be required in order to ascertain legibility of waiving waiting periods

Any applicant who is Forty (40) years of age or older who was not a member of one or more medical schemes at the time of joining the Fund will incur a penalty by way of additional contributions as per scheme rules as follows;

Years a member was not a member of medical aid since the age of 40	Late Joiner Penalty
1 - 4 years	1.25 *standard contribution
5 - 14 years	1.5 *standard contribution
15-24 years	1.75* standard contribution
25 years +	2*standard contribution

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