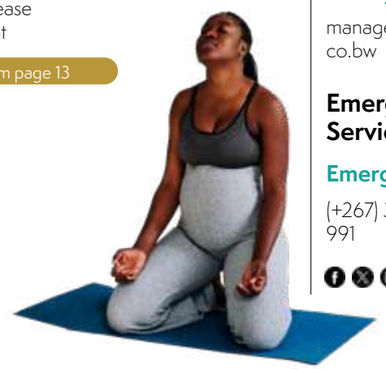
2026/27

Hello Life

Benefit Guide

pulamed
Hello Life

Contents



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

Gaborone Branch
(+267) 365 0555

Call center
(+267) 365 0555

Sales and marketing
(+267) 315 9416

Pre-authorisations
(+267) 365 0555

Francistown branch
(+267) 365 0555
(+267) 241 2262

Email us

Client services
clientservices@afa.co.bw

Sales and marketing
bd@pulamed.co.bw

Pre-authorisations
casemanagement@afa.co.bw

Managed care
managedcaredepartment@afa.co.bw

Emergency Medical Services

Emergency Assist 991
(+267) 390 4537
991

Top 10 Reasons to Choose Our Comprehensive Medical Aid

1. **Extensive Coverage**
Join a community of over 60,000 individuals benefiting from our comprehensive medical aid.

2. **Immediate Access**
Enjoy the advantage of no three-month waiting periods for your coverage.

3. **Proven Expertise**
Benefit from over 30 years of experience in providing top-notch healthcare cover.

4. **Travel Insurance**
Travel insurance of up to 25 million Pula for peace of mind wherever you go.

5. **Easy Online Application for New members**
Quickly and conveniently apply to be a Pulamed member directly on our website

6. **Strong Service Provider Relationships**
Take advantage of our excellent relationships with healthcare service providers.

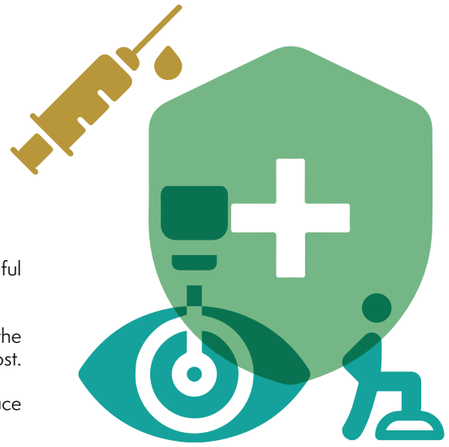
7. **Proactive Care, Better Health**
Enjoy comprehensive health with our Preventative Care Benefit, designed to keep you at your best.

8. **Full Maternity Coverage**
Enjoy complete peace of mind with 100% childbirth coverage at selected hospitals with our Executive or Deluxe plans. Experience quality care and financial confidence during one of life's most important moments.

9. **Comprehensive GP Visits**
Access comprehensive benefits with no limits on General Practitioner visits.

10. **Value-driven**
Enjoy competitive and value-driven premiums without compromising on quality.

Enhanced benefits for 2026/27



At Pulamed, our commitment is to provide sustainable, comprehensive and meaningful healthcare cover that evolves with the needs of our members.

Every year, we review our benefits based on member feedback, healthcare trends, and the changing economic landscape to ensure we continue to deliver value where it matters most.

For the 2026/27 benefit year, we've introduced enhancements designed to reduce members' financial burden while improving access to quality healthcare.

Reduction / Removal of Out-of-Pocket (OOP) payments

Reducing out-of-pocket expenses remains one of Pulamed's key priorities. Through continued investment and engagement with healthcare providers, we've enhanced benefits to make essential healthcare more affordable.

Hospitalisation

Removal of the 10% co-payment on hospitalisation below P30,000

Members will no longer be required to pay the previous mandatory 10% co-payment for eligible hospital admissions below P30,000, improving access to essential hospital care.

Terms and conditions apply to hospital day care.

Medicines & Wellness Screening

Pulamed continues working with pharmacy and healthcare partners to reduce and eliminate tariff differences that result in member co-payments.

In addition:
- Wellness screenings within the approved provider network will attract no co-payment.
- Ongoing tariff negotiations aim further to reduce member out-of-pocket costs across additional healthcare services.

Child dependants covered up to age 30

Recognising today's economic realities and the challenges many families face, Pulamed has extended child dependent eligibility.

Principal Members may now continue covering their child dependants up to the age of 30 years, providing families with greater peace of mind while young adults establish themselves financially.
This enhancement helps ease the financial burden on parents and reinforces Pulamed's commitment to supporting members through every stage of life.

Cover for Continuous Glucose Monitor (CGM) under Medical Assistive Devices Benefit for Executive & Deluxe Benefit Option member

Conditions covered are Type 1 Diabetes Mellitus, Type 2 Diabetes Mellitus, Hypoglycaemia, Abnormal glucose regulation and Gestational Diabetes at a limit of P1,900 per month under Executive and Deluxe Option, P1,500 per month

Executive benefits

Comprehensive cover up to **P 2.3million**

Per annum/per family

Total cover

Covered conditions

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
Pyschiatric Medicines	BWP 30,000 per person covered in the family
HIV/AIDS	BWP 20,000 per person (includes antiretrovial 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 goverment 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

Other medical services

Per annum/per family

Covered conditions

Occupational Therapy Audiology and/or speech therapy	BWP 15,000 per family per annum or any combinations ot these conditions
Clinical Psychology Chiropody Dietician (Doctor's referral required)	BWP 15,000 per family per annum or any combinations ot these conditions
Ambulance (Inter-hospital transfer only)	BWP 4,000 per case
Blood Transfusion	Up to annual basic limit
Medical assistive devices	BWP 30,000 per family per annum
Medical and surgical appliances	Up to BWP 5,600 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

Chiropractic (form of treatment concerned with diagnosis and treatment of muscuoskeletal 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	BWP 2,300 per family per annum for any combination of these conditions

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	
Surgical contraception	Up to BWP 500,000 or balance thereof(hospitalization)

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, periodontics, prosthodontics and orthodontics	BWP 20 000
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

Preventive care

Per annum/per family

Covered conditions

Preventive package	Annual medical examination inclusive of screening tests
Safe male circumcision (HIV prevention only)	At agreed tariff subject to preauthorization
Surgical contraception	Subject to preauthorization

Drug rehabilitation

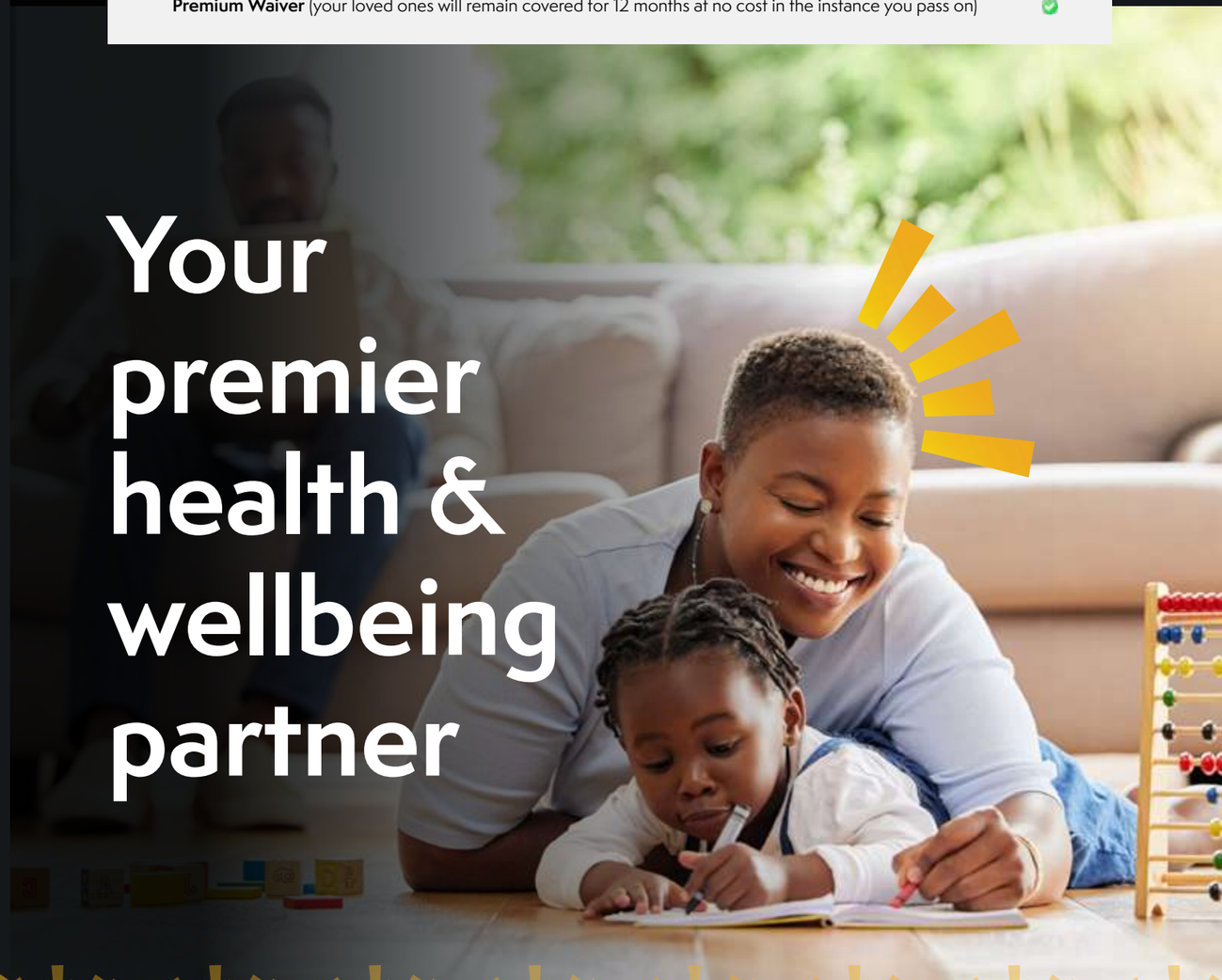
Covered conditions

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.

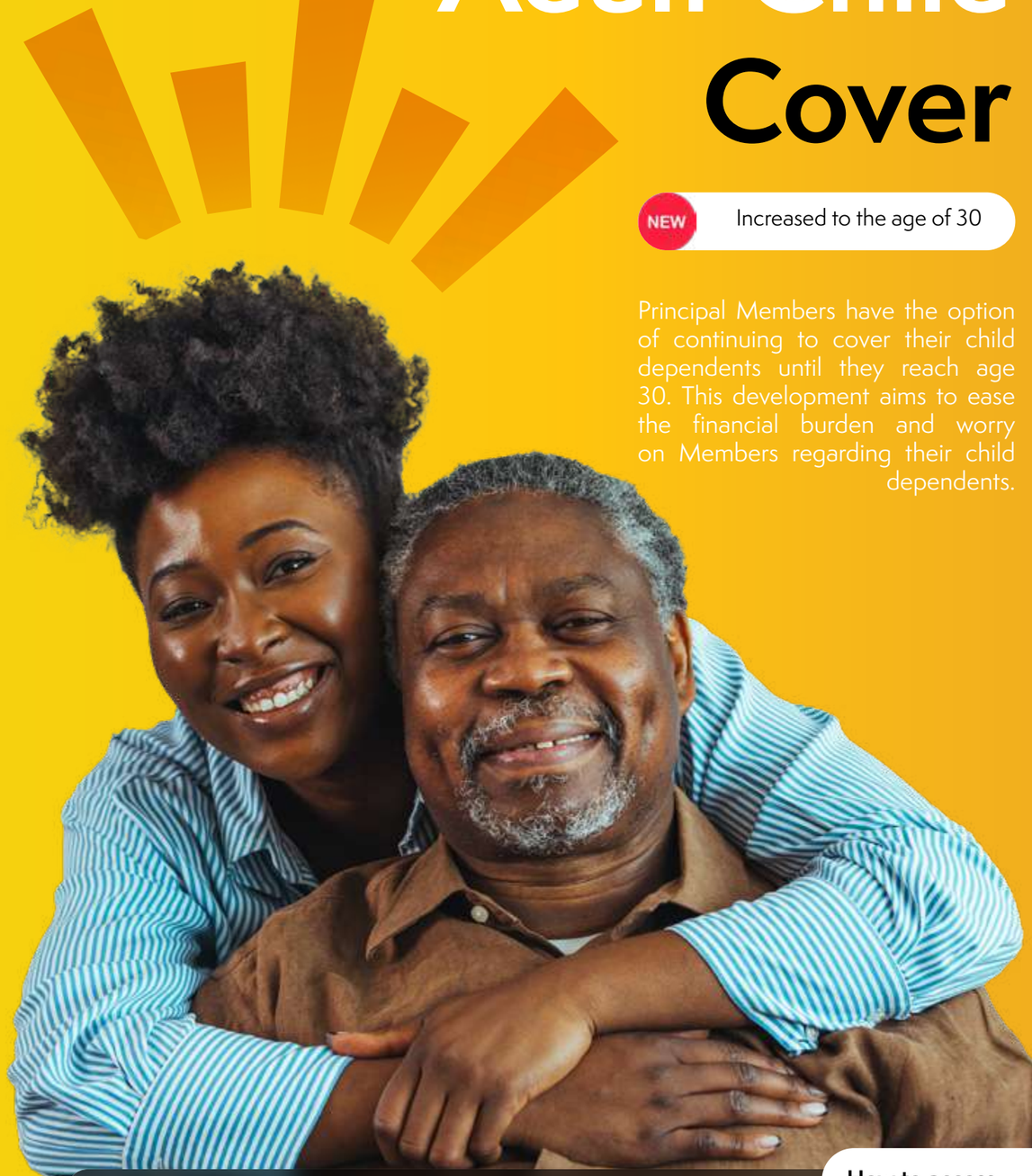
bd@pulamed.co.bw

(+267) 315 9416 for more information

Adult Child Cover

NEW Increased to the age of 30

Principal Members have the option of continuing to cover their child dependents until they reach age 30. This development aims to ease the financial burden and worry on Members regarding their child dependents.



How to access

- Completed registration form
- Complete medical history completed by the child
- Police commissioned affidavit that the child is unmarried and not gainfully employed

Deluxe benefits

Comprehensive cover up to **P 1.4million**

Total cover

Per annum/per family

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
Pyschiatric Medicines	BWP 20,000 per person covered in the family
HIV/AIDS	BWP 20,000 (includes antiretrovial drugs, monitoring tests, CD+ and viral load)

Hospital admission

Covered conditions

Private and goverment 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 Audiology and/or speech therapy	BWP 10,000 per family per annum or any combinations ot these conditions
Clinical Psychology Chiropody Dietician (Doctor's referral required)	BWP 10,000 per family per annum or any combinations ot these conditions
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 Chiropractic (form of treatment concerned with diagnosis and treatment of muscuoskeletal 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	BWP 1,725 for any one or a combination of these treatments

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	Annual medical examination inclusive of screening tests
Safe male circumcision (HIV prevention only)	At agreed tariff subject to preauthorization

Drug rehabilitation

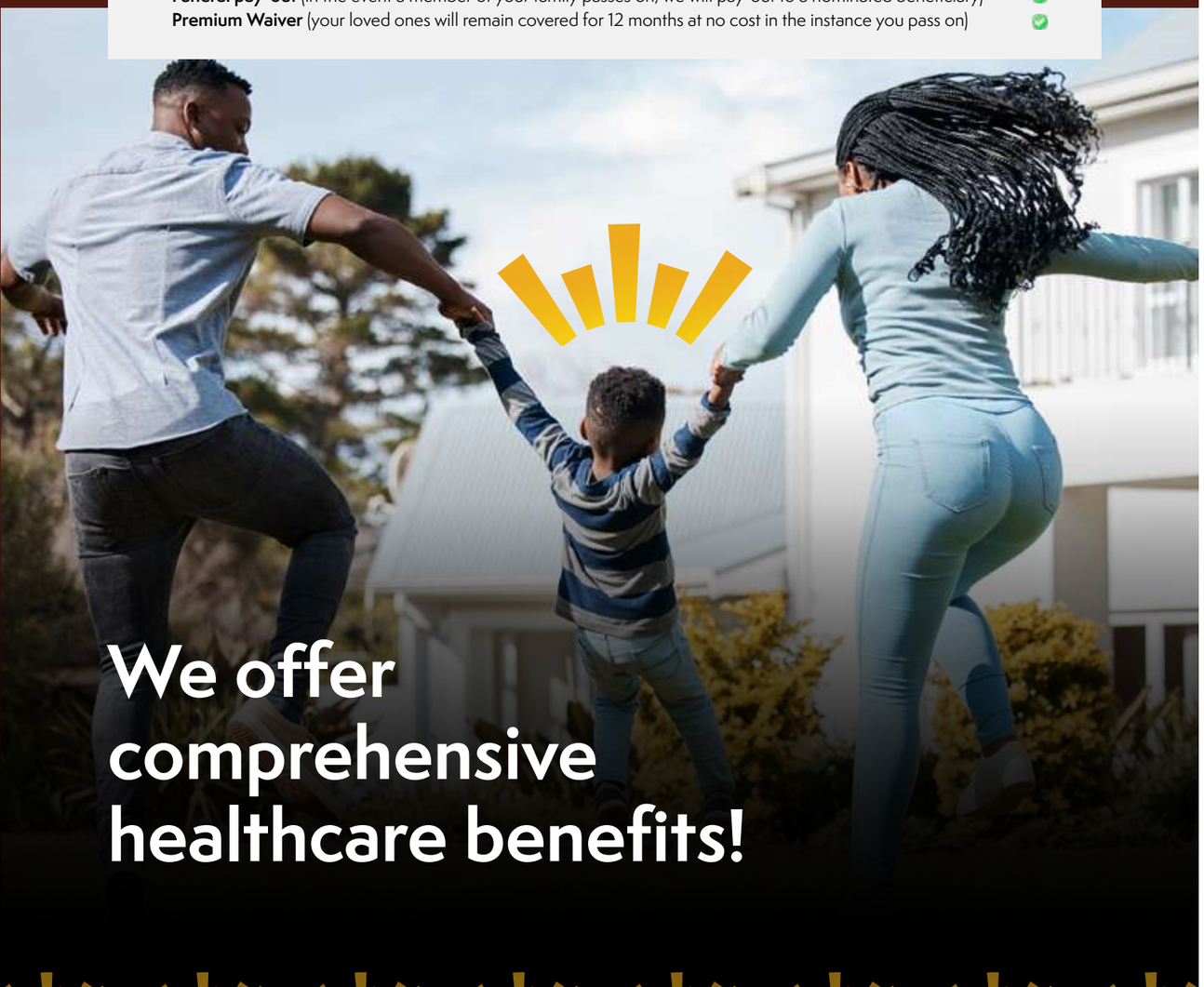
Covered conditions

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.

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.

Systemic Lupus Erythematous (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.

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

Underwritten by
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.

EMERGENCY ASSIST 991
24hrs Emergency Assistance

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

Underwritten by

BIC BOTSWANA INSURANCE COMPANY

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.

pula baby

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

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.

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.

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.

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.

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.

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

Underwritten by LIBERTY

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 hospitalization and Chronic Medication, Optical benefit and childbirth..

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
Pyschiatric 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 Dietician (Doctor's referral required) Clinical Psychology Occupational Therapy Chiropody	BWP 4,000 per family per annum for any combination of these conditions
Ambulance (Inter-hospital transfer only)	Up to BWP2,500 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 muscuoskeletal 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	BWP 1,000 per family per annum for any combination of these conditions

Child birth

Covered conditions

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

Normal dentistry

Covered conditions

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

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	Annual medical examination
Safe male circumcision (HIV prevention only)	Agreed tariff subject to pre-authorization

Drug rehabilitation

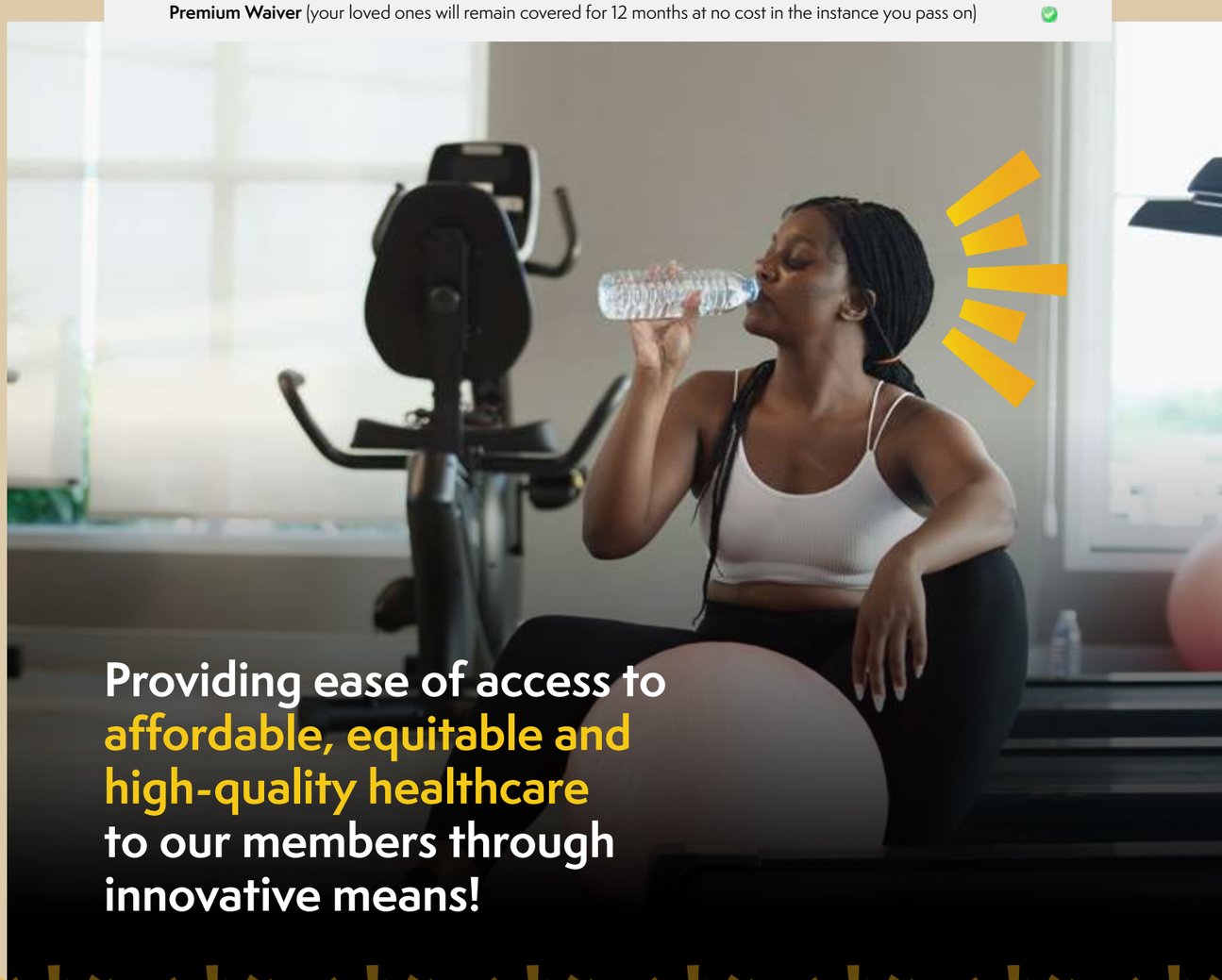
Covered conditions

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)	✓



Standard benefits

Cover up to **P 50,000**

Total cover

Per annum/per family

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 practioner 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
Pyschiatric Medicines	BWP 10,000 per person covered in the family
HIV/AIDS (ART)	Up to BWP 9,700

Hospital admission

Covered conditions

Private and goverment 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

Read more on page 15

Alternative treatments

Covered conditions

Chiropractic (form of treatment concerned with diagnosis and treatment of muscuoskeletal 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
Orthopistry	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	Annual medical examination inclusive of screening tests
Safe male circumcision (HIV prevention only)	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)	✓

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 goverment 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
Chiropody	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 muscuoskeletal disorders)	BWP 1,000 per family per annum for any combination of these condtions
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 1,000 per two(2) years

Flexi benefits

Preventive care

Per annum/per family

Covered conditions

Preventive care package	Annual reduced examination inclusive of screening tests
Safe male circumcision (HIV prevention only)	At agreed tariff subject to preauthorization

Drug rehabilitation

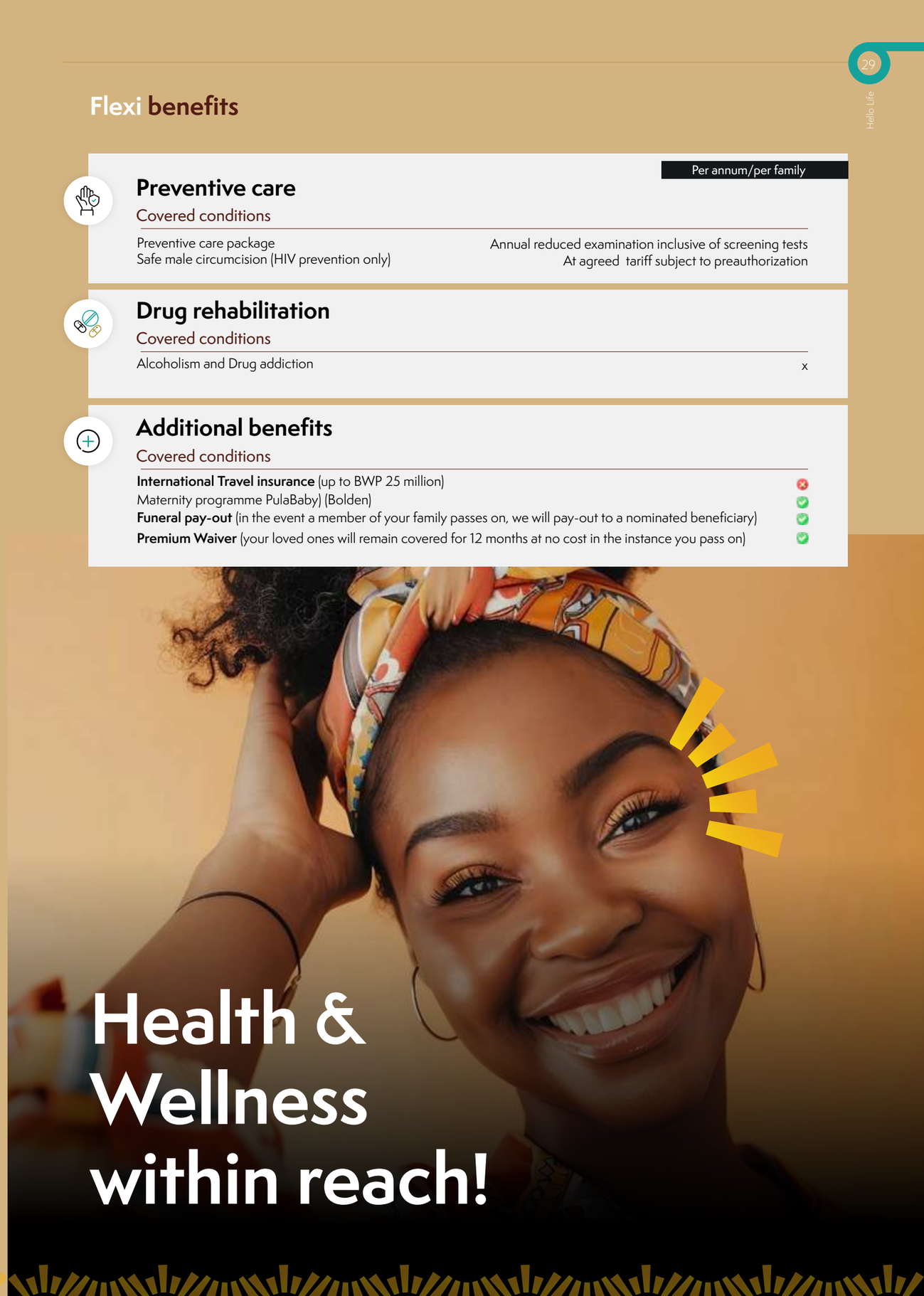
Covered conditions

Alcoholism and Drug addiction	x

Additional benefits

Covered conditions

International Travel insurance (up to BWP 25 million)	✗
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)	✓



Activate your life with Pulamed

Download on the App Store

GET IT ON Google Play

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

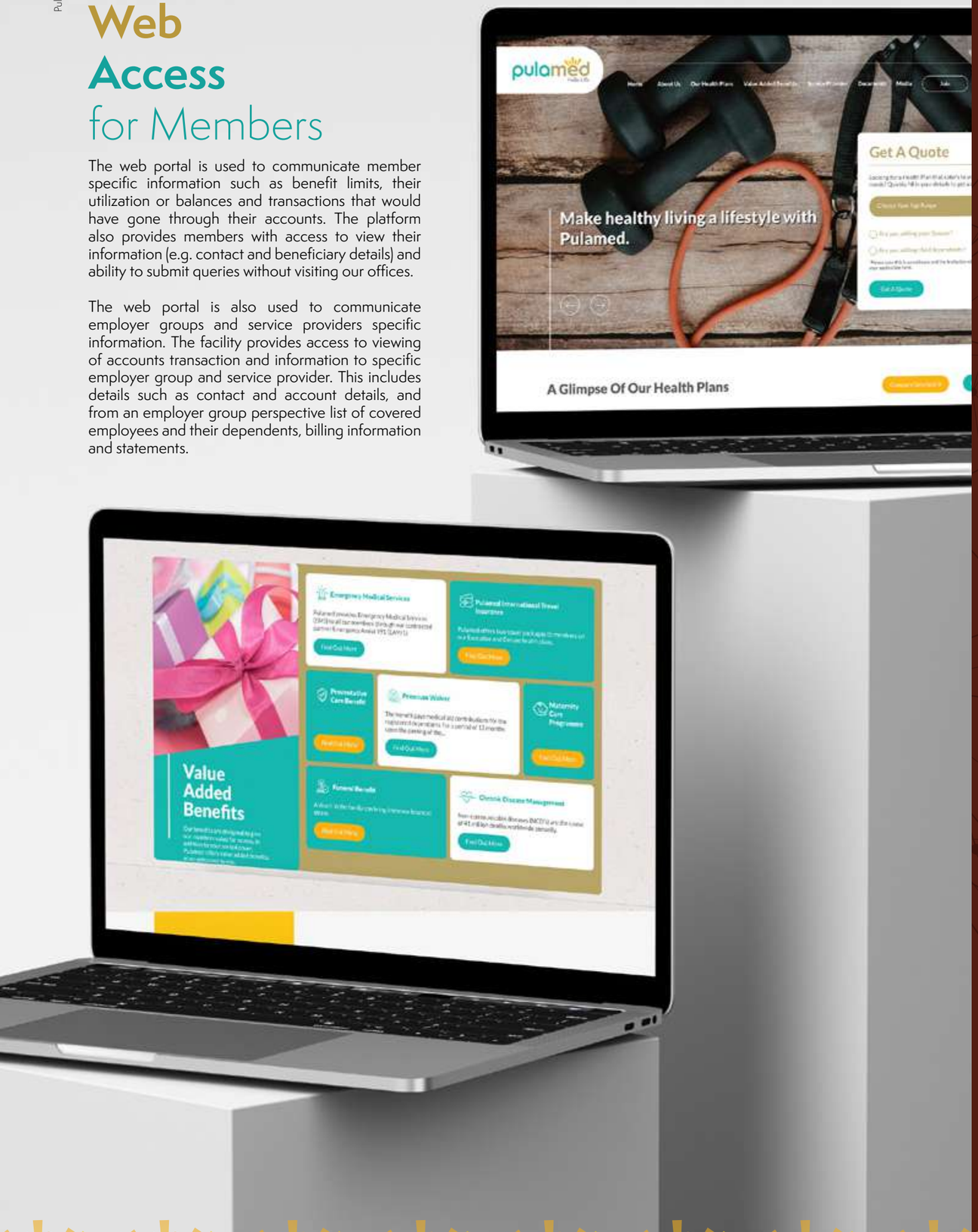
- View your digital Membership Card
- Track your health
- Submit & Track Claims
- View your Account statement
- Track your benefit utilisation

'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 paeditricians 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 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 30 Gynecologists

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

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 youand 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.

2026/2027 contributions

Corporate contributions

OPTION	STRATUM	INCOME BAND	PRINCIPAL MEMBER	ADULT DEPENDANT	CHILD DEPENDANT	ADULT CHILD
FLEXI		P0 - 2000 P2001 - 5000 P5000+	485 639 684	416 545 585	105 138 159	145 190 218
STANDARD		P0 - 2000 P2001 - P5000 P5000+	652 862 921	559 736 788	143 184 213	196 253 293
GALAXY		P0 - 2000 P2001 - P5000 5000+	756 997 1066	652 852 914	166 213 246	229 293 338
DELUXE	STRATUM 1 (1-10)	P0 - 3000 P3001 - 10 000 P10 000+	1752 2054 2156	1395 1637 1717	623 730 767	857 1004 1055
	STRATUM 2 (11-39)	P0 - 3000 P3001 - 10 000 P10 000+	1546 1809 1901	1229 1444 1517	550 648 678	756 891 933
	STRATUM 3 (40-74)	P0 - 3000 P3001 - 10 000 P10 000+	1390 1626 1710	1105 1298 1363	497 583 615	684 801 845
	STRATUM 4 (75+)	P0 - 3000 P3001 - 10 000 P10 000+	1145 1343 1410	914 1065 1121	415 482 506	571 664 696
EXECUTIVE			3051	2096	475	653

Individual contributions

	EXECUTIVE				DELUXE				GALAXY				STANDARD				FLEXI			
AGE	PM	AD	CD	AC	PM	AD	CD	AC	PM	AD	CD	AC	PM	AD	CD	AC	PM	AD	CD	AC
0-25	3051	2096	475	653	2216	1766	788	1084	1066	914	246	338	921	788	213	293	684	585	159	218
25-30	3051	2096	475	653	2216	1766	788	1084	1066	914	246	338	921	788	213	293	684	585	159	218
30-35	3051	2096	475	653	2216	1766	788	1084	1066	914	246	338	921	788	213	293	684	585	159	218
35-40	3051	2096	475	653	2216	1766	788	1084	1066	914	246	338	921	788	213	293	684	585	159	218
40-45	3205	2231	475	653	2328	1851	788	1084	1119	963	246	338	967	824	213	293	718	612	159	218
45-50	3366	2313	475	653	2444	1947	788	1084	1176	1005	246	338	1015	873	213	293	754	645	159	218
50-55	3535	2426	475	653	2566	2042	788	1084	1232	1058	246	338	1065	915	213	293	789	677	159	218
55-60	3710	2544	475	653	2696	2145	788	1084	1295	1107	246	338	1120	956	213	293	831	710	159	218
60-65	3895	2676	475	653	2830	2250	788	1084	1358	1166	246	338	1175	1003	213	293	870	743	159	218
65+	4090	2812	475	653	2970	2364	788	1084	1428	1226	246	338	1235	1053	213	293	915	783	159	218

PM = Principal Member
AD = Adult Dependant
CD = Child Dependant
**AC = Adult Child

**Adult Child refers to a child aged between 21-30 who is not gainfully employed.

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 in respect of injuries arising from professional sport, speed contests and speed trials.
2.5. All costs that are more than the annual maximum benefit to which a member is entitled in terms of the Rules of the Fund.
2.6. 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.
2.7. 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.
2.8. 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.
2.8. The purchase of medicines not included in a prescription from a person legally entitled to prescribe.
2.9. All costs for services rendered by:
    2.9.1. 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;
    2.9.2. 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.
    2.9.3. any person not registered as a dental technician with the Dental Technicians Council or similar body of the country in which he practices; and
    2.9.4. 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.
2.10. Purchase of;
    2.10.1. patent medicines and proprietary preparations;
    2.10.2. applicators, toiletries and beauty preparations;
    2.10.3. bandages, cotton wool and similar aids;
    2.10.4. patented foods, including baby foods;
    2.10.5. contraceptives and apparatus to prevent pregnancy;
    2.10.6. tonics, slimming preparations and drugs as advertised to the public;
    2.10.7. household and biochemical remedies.
2.11. All costs for vaccinations.
2.12. All costs for prophylactic treatment except for the prevention of malaria, pregnancy including intra uterine devices and HIV/AIDS related opportunistic infections.
2.13. All costs for medical examinations other than those ordered by a medical doctor in order to determine the treatment for a sickness condition.
2.14. Holidays for recuperative purposes.

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 pregnant when joining the Fund, or fall pregnant during the nine-month waiting period, you will not be eligible for maternity benefits	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

HEAD OFFICE

Unit 1(Acacia), Prime Plaza
Plot 74358, Western Commercial
Road, New CBD
Gaborone, Botswana

GABORONE BRANCH

(+267) 365 0555
Plot 74769, Mowana Mews,
New CBD
Gaborone

SALES & MARKETING

(+267) 315 9416
bd@pulamed.co.bw

PRE-AUTHORISATIONS

(+267) 3650555
casemanagement@afa.co.bw
clientservices@afa.co.bw

FRANCISTOWN BRANCH

(+267) 241 2262
Plot 404/05, Riverside Hospital,
Moffat Street
Francistown