



BIMA

FAQs

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B-HEALTH

How many different products do we have under the B-Health Policy?

Ans: 4

What are these products called and who does it cover?

Ans:

Single Policy (Covers only Policy Holder)

Joint Policy (Covers Policy Holder and 1 Beneficiary)

Family Policy (Covers Policy Holder, Spouse and up to 6 Children)

Family Plus Policy (Covers Policy Holder, Spouse, up to 6 Children, Parents of Policy Holder, Parents-in-Law of the Policy Holder)

I am registered on the B-Health bronze package. Will I be entitled to medication support if I call the doctor and I am given a prescription?

Ans:

Yes. All our Bronze Tier B-Health packages come with Medication Support of at least GHC 3/ month.

How much is a person on B-Health Family Policy entitled to for one (1) night of admission?

Ans:

The Policy Holder and Beneficiaries under the B-Health Family Policy are entitled to one (1) night of admission cover starting from GHC 40/night based on the Tier of the policy

	Bronze	Silver	Gold	Platinum
Hospital Admission	GHC 40/night	GHC 60/night	GHC 120/night	GHC 180/night

Can customers on Family/Family Plus add their Children as Beneficiaries?

Ans:

Yes, customers on Family/Family Plus can add their Children from 0 to 24 years of age. A child beneficiary is however automatically removed from the policy on their 25th birthday.

Adjoa is 5 months pregnant and admitted at the hospital for 3 days for tummy upset. Is she entitled to maternity cover?

Ans:

No. Adjoa will only be eligible for maternity cover if she is admitted as a result of childbirth. She can however file for hospital admission cover based on her policy.

How many nights of admission am I entitled to under the B-Health Policy?

Ans:

This ranges from 30 nights to 90 nights based on your Policy cover. However, it is important to note that nights of admission are shared by number of beneficiaries. For example, the B-Health Family Policy has 70 shared nights of admission. If you have a total of 3 Beneficiaries on the Policy, your nights of admission stays at 70 nights and is not multiplied by the number of Beneficiaries. We believe you will find the table below useful.

Nights of Admission				
Cover Type	Single	Joint	Family	Family Plus
Shared Nights	30	50	70	90

Does the Hospital Admission Cover on the B-Health Policy take effect immediately upon registration?

Ans:

No, it takes effect from the 1st day of the next month after registration.

When I upgrade or downgrade my B-Health policy, do I lose my medication support?

Ans:

No you do not. Your accumulated medication support is moved over to your new policy. It is only lost when you deactivate your policy.

If I have a child after I sign up for the B-Health Family Policy but do not update my policy to include the child's name, is the child automatically added as a beneficiary?

Ans:

No. The policy only covers named Beneficiaries. You can update your beneficiary details anytime in the course of your policy. Call 0800100200 for assistance.

B-LIFE

Does the B-Life Policy have a Family and Family Plus Cover?

Ans:

No, B-Life Policy only has a Joint Cover which covers the Policy Holder and one Beneficiary who could either be a Spouse, Sibling, Child or Parent of the Policy Holder.

How many Tiers does the B-Life Policy have?

Ans:

It has 4 Tiers classified as Bronze, Silver, Gold and Platinum.

Can a Policy Holder on the B-Life Policy have a Beneficiary below 18 years?

Ans:

No. B-Life only covers people between the ages of 18 years and 69 years. This applies to the Policy Holder and the Beneficiary.

Does the life component of the B-Life Policy have a waiting period?

Ans:

Yes, it has a 90 day waiting period. The incident should have occurred 90 days after date of registration before a customer can file a claim.

B-CARE

How many tiers are available to me under B-Care?

Ans: 4

Our B-Care Subscription comes in a variety of simple forms.

We have a Joint Tier which covers up to Two (2) people.

Our Family Tier which covers up to Four (4) people.

Our Family Plus Tier which covers up to Six (6) people.

Each of these tiers has a Silver, Gold and Platinum option. We believe you will find the table below useful.

Tiers	Silver	Gold	Platinum
Joint Subscription	GHC 30	GHC 50	GHC 70
Family Subscription	GHC 40	GHC 60	GHC 80
Family Plus Subscription	GHC 50	GHC 80	GHC 100

Who can be added as a Dependant?

Ans:

For our Joint Tier the Subscriber can add a Spouse, Child or Sibling.

For our Family Tier the Subscriber can add an Adult (Spouse or Sibling) and Two (2) Children.

For our Family Plus Tier the Subscriber can add a minimum of Two (2) other Adults (Spouse, Parent or Parents-in-law) and a minimum of Two (2) Children in whatever configuration amounts to 6 people.

Who does the B-Care Subscription support?

Ans:

Our Joint Tier supports the Subscriber and a Spouse, Child or Sibling.

Our Family Tier supports the Subscriber, an Adult (Spouse or Sibling) and Two Children.

Our Family Plus Tier supports the Subscriber, a minimum of two other Adults (Spouse, Parent or Parents-in-law) and a minimum of two Children in whatever configuration amounts to 6 people.

What are the age limits of a Subscriber and his/her Dependants?

Ans:

For a Subscriber: 18 to 59 years.

For a Dependant: Child - 0 to 24 years and Adult – 18 to 59 years.

What will happen to me when I exceed the maximum age of my Subscription?

Ans:

A Subscriber whose age exceeds the maximum age limit will continue to enjoy the benefits of their Subscription as long as the Subscriber keeps paying their Subscription fee.

What is Guaranteed Loyalty Cashback?

Ans:

As a B-Care Subscriber, part of your monthly Subscription is saved as loyalty bonus and can be withdrawn or spent on health-related expenses. This is what we term as Guaranteed Loyalty Cashback. It is calculated over a period of 12 months and each Subscriber is entitled to up to 20% cashback on Subscription fees for the 12 month period.

If a Subscriber pays their Subscription fee for 5 months but has not gone to the hospital does it mean that their Guaranteed Loyalty Cashback is multiplied by the 5 months?

Ans:

No. As long as the Subscription fee is paid, the Subscriber is entitled to a maximum of 20% cashback as Guaranteed Loyalty Cashback calculated over 12 months.

When can I start using the BIMA Doctor Service when I sign up to B-Care?

Ans:

Access to the BIMA Doctor Service starts immediately after registration and successful deduction of the first subscription fee.

If I am admitted to the hospital, will my B-Care Subscription support me?

Ans:

Yes. In the case of hospitalization at a BIMA Partner Hospital, your B-Care Subscription supports you to the extent of your Subscription Tier.

Find out more about our [Hospitalization Plan Here](#).

What happens in case the total cost of the medication prescribed to me by my BIMA Doctor exceeds the limit of my B-Care Subscription?

Ans:

In the case where the total cost of medication exceeds the limit for medication support based on your Subscription Tier, your BIMA Doctor will let you know the total cost of the medication and the amount required to top up to enable you to take delivery of all the medications prescribed.

What happens in case the total cost of the laboratory tests requested by my BIMA Doctor exceeds the limit of my B-Care Subscription?

Ans:

In the case where the total cost of the laboratory tests requested exceeds the limit for laboratory test support based on your Subscription Tier, your BIMA Doctor will let you know the total cost of the laboratory test and the amount required to top up to enable you to run all the tests requested by your BIMA Doctor.

What happens when my BIMA Doctor refers me to a Hospital for further care and I go to a Hospital that is not a BIMA Partner Hospital?

Ans:

We advise that you visit our Partner Hospitals for your in-person examinations and consultations. You can find a list of our [Partner Hospitals Here](#). In the case that you do not visit a partner hospital, your B-Care subscription will not support your visit that hospital.

Does a customer need a card from BIMA to show to the hospitals they are referred to?

Ans:

No. Partnered hospitals are contacted by BIMA to expect the customer.

What doesn't the B-Care Subscription cover?

Ans:

Subscriptions may not cover chronic diseases, hypertension, cosmetic elective surgeries, experimental surgeries, self-inflicted injury, dental services, war, abuse of alcohol, illegal narcotics and pre-existing conditions. Please note that BIMA reserves

Will a subscriber be considered a dormant subscriber or will the subscription be cancelled permanently if the subscriber defaults in payment?

Ans:

If a Subscriber fails to pay their Subscription fee for 3 consecutive months, he or she will lose their Subscription.



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