



BIMA

**B-CARE
TERMS AND
CONDITIONS**

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B-CARE TERMS AND CONDITIONS

B-Care Product

A subscription-based healthcare offering that provides accessible healthcare services, and support in managing medical expenses. This product provides access to BIMA's telemedicine service (BIMA Doctor) and access to BIMA Clinic and other partner healthcare facilities only if referred by BIMA Doctor. The product has different subscription tiers depending on the number of individuals who would benefit from the services and the benefit amount. The existing subscription tiers are Silver, Gold, and Platinum for;

- a. **Joint** – covers up to 2 individuals.
- b. **Family** – covers up to 4 individuals.
- c. **Family Plus** – covers up to 6 individuals.

Eligibility

A Subscriber is an individual who enrolls or signs up for the B-Care subscription and is responsible for paying the subscription fees. To be eligible for the B-Care product, the subscriber must meet the eligibility criteria set. This may include age, health status, pre-existing conditions, and other factors as determined.

1. Age at Entry Requirement for Subscribers

The minimum age at entry for the Subscriber is 18 years and the maximum age at entry is 59 years. All existing subscribers who turn 60 on the subscription will still be maintained as long as they keep paying the required subscription fees.

2. Dependants

A Dependant is the person that the Subscriber chooses to add to the B-Care product and can enjoy the same benefits as the Subscriber.

All Dependants must be 'named' on a subscription to receive benefit. 'Named' Dependants may be changed on the subscription at any time but will only be able to start using their benefits 30 days after they have been added to the subscription.

For Dependants to a subscriber, whose relationship is a child, the minimum age limit at entry is 0 years and the maximum age limit is 24 years. Other Dependants with relationship to the subscriber other than child will have a minimum age limit at 18 years and maximum at 59 years. Below are the relationships that are allowed between Subscribers and Dependents for each tier;

- i. **Joint** – Subscriber and spouse, sibling, or child (no parents or in-laws are allowed as a dependant).
- ii. **Family** – Subscriber, spouse, and up to 2 children (no other relationship is allowed as a dependant)
- iii. **Family Plus** – Subscriber, spouse, children, parents, parent-in-laws. This allows up to 4 adults, or up to 4 children. (Does not allow 1 adult and 5 children, or more than 4 adults and 1 child)

3. Health Status

The Subscriber would make a declaration as part of the sign-up process that he/she, and/or dependants have not been diagnosed of any chronic or do not have any pre-existing conditions. In the event of a latter discovery of same, BIMA reserves the right to exclude treatments related to those conditions from the benefits.

Subscription fees

This is an annual subscription with monthly payments towards the annual fee to maintain B-Care benefits. The subscription fee is paid by subscribers monthly and this payment is deductible/payable on the first day of each month. Unless the subscriber requests a cancellation of the subscription.

- a. **Failed deduction/payment:** In the case of mobile money wallet payments, there will be reattempts to deduct monthly payments daily throughout the month, if the subscriber does not have enough balance in the account on the first day of the month.
- b. **Cancellation:** Subscribers can cancel their B-Care subscription at any moment they want to. They will need to call BIMA's customer service line to cancel the subscription. There is no benefits or refund of subscription fee in the case of cancellation. BIMA may also terminate the subscription in the event of non-payment of the monthly subscription contribution or breach of the terms and conditions of the subscription.

Annual Subscription Renewal

Subscription to the B-Care product is renewable every year, after the expiry of the initial 12-months' period. The renewal is extending the B-Care subscription for another period of one year, subject to meeting eligibility criteria and consistent monthly payment of subscription fees.

- a. **Non-payment of monthly subscription fee:** In case of a missed payment, the subscriber will not be eligible to get the limit redemption.
If the subscriber has made a payment in the month of redemption but has missed payments in previous month(s), the redeemable limits will decrease proportionally based on the number of missed months of payment.
Subscription will be cancelled after non-payment of the subscription's monthly fees for three consecutive months.

Benefits

The B-Care product benefits include access to BIMA Doctor Service, B-Care Limits for other medical expenses incurred by the subscriber or their named dependants, upon referral by BIMA Doctor, and Loyalty Cashback. The other medical expenses may include hospitalisation expenses, diagnostic tests, prescription medications, and in-person consultations, at BIMA Clinic or partnered health facilities as referred by BIMA Doctor after telephone consultation. The redeemable B-care benefits can be redeemed within the subscription year and resets after the subscription's annual renewal. All unredeemed benefits within the subscription year can not be rolled over to the next.

BIMA Doctor Service

A service provided as part of the B-Care product that offers medical consultations and advice through teleconsultations with general practitioners and specialists, among other benefits. The service manages minor illnesses, provides guidance on your existing and/or chronic medical conditions, and general health advice. Service benefits include but not limited to;

- a. Introductory Health and Wellness Calls with a nurse.
- b. Access to BIMA Health Programs.
- c. 24/7 unlimited access to teleconsultation with a general practitioner.
- d. Access to specialist (Gynaecologists, Paediatricians, Dieticians, Clinical Psychologists) teleconsultations on appointment basis.
- e. E-prescription after consultation.
- f. Follow up call by a BIMA Doctor post consultation.
- g. Does not cover medical emergencies. In the case of an emergency, we advise you to go to the nearest partner health facility.

Emergency situations include but not limited to:- Severe bleeding, Severe difficulty in breathing (shortness of breath), Moderate to severe burns, Convulsions or seizures, Change in mental status (such as unusual behaviour, confusion, difficulty waking from sleep), Head or spinal injuries, and Serious limb impairment or broken bone.

BIMA reserves the right identify other situations not listed in this document as emergencies or not.

B-Care Limits

B-Care Limit is the maximum benefit amount that can be redeemed for specific purposes, such as hospital/clinic visits, medication purchase, or laboratory tests.

- a. **Hospitalisation Limit** – Benefit amount redeemable for hospital admission expenses at partner hospitals/clinics, subject to a referral by BIMA Doctor.
- b. **Pregnancy Hospitalisation Limit** – Benefit amount redeemable for hospital admission expenses in relation to pregnancy. This benefit redemption is within the hospitalisation limit.
- c. **In-person Consultation Limit** – Benefit amount redeemable for in-person consultations at BIMA Clinic or partner hospitals/clinics. This B-Care Limit can also be used for payment of laboratory services and medications, if requested by BIMA Doctor.

General Exceptions

1. The B-Care product does not provide benefits for certain medical conditions or treatments. These include but not limited to;

- a. Pre-existing/chronic conditions – metabolic diseases, cardiovascular diseases, cancers, renal diseases, etc.
- b. Congenital deformities/anomalies
- c. Cosmetic surgeries and prosthesis
- d. Experimental treatments
- e. Self-inflicted injuries

- f. Injuries from war
- g. Abuse of alcohol and illegal narcotics
- h. Fertility treatment
- i. Childbirth if within 12 months of subscription registration date
- j. Accident due to wilful exposure to peril
- k. Dental services
- l. General check-ups
- m. Optical services
- n. Treatments resulting from high-risk activities and extreme sports
- o. Conditions diagnosed or accident/admission that occurred prior to commencement of subscription's redemption period.

Explanations to the Exceptions

- i. **Pre-Existing Conditions:** This subscription does not cover any medical expenses, treatments, or services related to pre-existing medical conditions. A pre-existing condition is defined as any ailment, illness, or injury for which the subscriber and/or named dependant(s) received medical treatment, consultation, diagnosis, or advice, or for which symptoms were present, prior to the effective date of this subscription.
- ii. **Cosmetic and Elective Procedures:** Cosmetic surgeries, elective procedures, and treatments that are not medically necessary, including but not limited to cosmetic surgeries, aesthetic treatments, and weight loss surgeries, are excepted from this subscription.
- iii. **Experimental or Investigational Treatments:** Any medical treatment, procedure, medication, or therapy considered experimental, investigational, or not recognized as a generally accepted medical practice by relevant medical authorities is not included in this subscription.
- iv. **Self-Inflicted Injuries and Harm:** Any injury, illness, or harm intentionally self-inflicted by the subscribing party, including suicide or attempted suicide, is excepted from this subscription.
- v. **Substance Abuse and Addiction:** Medical expenses related to substance abuse or addiction, including detoxification, rehabilitation, and treatment for substance-related disorders, are not included.
- vi. **Injuries Resulting from Illegal Activities:** Medical expenses incurred due to injuries resulting from the subscriber and/or dependant(s)' participation in illegal activities or acts of intentional harm are excepted from subscription.
- vii. **Injuries Resulting from Hazardous Activities:** Treatments of injuries sustained while participating in hazardous activities or extreme sports, are not included.

- viii. **War and Terrorism:** Any injury, illness, or loss caused directly or indirectly by acts of war, declared or undeclared, or acts of terrorism, whether domestic or international, are excepted from subscription.
- ix. **Excepted Treatments or Services:** Any medical treatments, services, or procedures explicitly excepted or limited by this subscription document, or its endorsements are not included.
- x. **Non-Disclosed Information:** Failure to disclose relevant medical history or providing false information during the subscription process may result in the denial of related redemptions.
- xi. **Routine Eye and Dental Care:** Routine eye examinations, eyeglasses, contact lenses, dental examinations, and dental treatments are excepted.
- xii. **Unaccredited Providers:** Medical expenses incurred when treatment is obtained without a prior consultation with the BIMA doctor service and/or from healthcare providers that are not recognized, listed, or authorised by this subscription is not included.

Exceptions for Epidemics, Pandemics, and Similar Events

1. In consideration of the subscription fee paid and subject to all the terms, conditions, and limitations of this subscription, it is hereby understood and agreed that this subscription does not include any redemptions, losses, damages, costs, expenses, or liabilities directly or indirectly arising from or in connection with:
 - i. **Epidemics:** Any occurrence, outbreak, or spread of a contagious disease that affects a large number of individuals within a specific geographic area or community, recognized and declared as such by the relevant public health authorities.
 - ii. **Pandemics:** Any worldwide outbreak of a contagious disease, recognized and declared as a pandemic by a recognized and relevant global health authority, including but not limited to the World Health Organization (WHO).
 - iii. **Similar Events:** Any events or conditions that are similar in nature and impact to epidemics and pandemics, even if not explicitly labelled as such by health authorities, provided that they result in widespread illness, significant economic disruption, and/or significant strain on healthcare systems.

2. Epidemics, Pandemics, and Similar Events Exception Clarification:

This exception applies to all aspects of provisions by this subscription, including but not limited to:

- a) Medical expenses

- b) Hospitalization
- c) Quarantine expenses
- d) Emergency medical evacuation
- e) Loss of income benefits

3. **Subscriber's Responsibility:**

It is the responsibility of the subscriber to stay informed about the status of any potential epidemic, pandemic, or similar event and take appropriate precautions as advised by public health authorities. This subscription does not include redemptions arising from risks that were reasonably known or foreseeable at the time of subscription or renewal.

4. **Subscriber's Duty of Disclosure:**

The subscriber is required to disclose any relevant information regarding their health, travel history, or exposure to contagious diseases at the time of subscription application and renewal.

It is the responsibility of the subscriber and/or named dependant(s) to seek alternative coverage or arrangements for any losses or expenses resulting from an Epidemic, Pandemic, or similar Event. This exception shall be binding and enforceable to the fullest extent permitted by applicable law.

This exception does not affect redemptions unrelated to epidemics, pandemics, or similar events, as specified in the subscription.

B-Care Limits Redemption

The maximum percentage of the overall B-Care Limit that can be redeemed for specific purposes, such as hospital/clinic visits, purchase of medication, payment of laboratory services, or emergencies.

- a. Subscribers can only redeem up to 20% of their overall B-Care Limit per hospital/clinic visit.
- b. A maximum of 20% of overall BIMA limit is allowed for redemption per month.
- c. In the case of hospitalisation limit redemption, the remaining monthly payments of the annual subscription shall be deducted from the redeemable B-Care Limits. A freeze will be put on the next deductions for the remainder months of the subscription year, and the customer shall remain active as all the subscription fees have been paid for (by means of deduction from the hospitalisation limit).
Additional rules may apply based on the benefit amount that is obtained after the deduction, i.e., the remaining monthly payments, depending on the subscriber's payment history (e.g., for a regular paying subscriber with a good monthly payment history, if the limit is too low, BIMA might decide not to deduct the remaining months within the year's payments).
- d. The 20% monthly limits can be used up to the full annual limit until they are fully utilised.

- e. In the event of a medical emergency or need for medical treatment, where the subscriber is unable to be granted a teleconsultation before referral to a health facility, the subscriber can visit any of BIMA's partner facilities and must notify BIMA as soon as possible. In such situations, a maximum of 20% of overall BIMA limit is redeemable, after authorisation from BIMA.

Loyalty Cashback

Loyalty Cashback is a benefit of B-Care that serves as a reward or incentive for subscribers who maintain consistent payments throughout the year. If the subscriber successfully makes payments for all 12 months of the subscription year, they will receive a cashback of 20% of the total annual subscription fee at the subscription anniversary year.

B-Care Benefits Redemption Period

- a. Access to the BIMA Doctor Service starts immediately after registration and successful deduction/payment of the first subscription fee.
- b. In-person Consultation Limits are only redeemable after 30 days, following successful deduction/payment of first subscription contribution fee.
- c. Hospitalisation Limits are only redeemable after 90 days, following successful deduction/payment of the first subscription fee.
- d. Pregnancy/Maternity Hospitalisation Limit can only be redeemed after 12 months from subscription start date.
- e. Loyalty Cashback can only be redeemed at the subscription anniversary year if the subscriptions fees for all the 12 months within the subscription year were successfully paid.

Data Protection Notice

At BIMA, we prioritize the privacy and security of our patients' medical records. In compliance with data protection laws, we may share medical records with care partners directly involved in a patient's treatment and support. Only necessary information is shared, and strict confidentiality agreements or professional obligations are in place to safeguard patient data. Shared records include demographic information, medical history, treatment plans, test results, and more. Our systems have robust security measures to prevent unauthorized access. Patient preferences and objections are respected when possible. By seeking care with us, patients consent to the sharing of their records for care purposes. We are committed to delivering exceptional healthcare services responsibly and securely.

BIMA shall ensure compliance with data privacy and healthcare legislation in Ghana and protect subscribers' personal and medical information.

BIMA shall:

- a. Ensure that all collected and processed subscribers' data shall comply with the Data Protection Act, 2012 (Act 843) and all other applicable data protection laws and regulations in Ghana.

- b. Ensure that all subscribers' data that is collected and processed is encrypted and secured to prevent unauthorized access, use, or disclosure.
- c. Ensure that all subscribers' data is accurate, complete, and up to date.
- d. Ensure that all subscribers' data is used solely for the purpose of providing healthcare services to subscribers and dependents and shall be disclosed only to healthcare partners with sole purpose of providing healthcare and support, or as required by law.
- e. Inform subscribers about the use and disclosure of their data in accordance with applicable laws and regulations and shall obtain their explicit consent for any use or disclosure that is not related to the provision of healthcare services.
- f. Implement appropriate technical and organizational measures to ensure the security of subscribers' data and to prevent unauthorized access, use, or disclosure.
- g. Provide subscribers with access to their collected and processed personal and medical data in accordance with the Data Protection Act, 2012 (Act 843) and all other applicable data protection laws and regulations in Ghana.
- h. Provide subscribers with the right to request the correction, deletion, or amendment of their personal and medical data where such data is inaccurate, incomplete, or misleading.
- i. Promptly notify the affected subscribers and the relevant regulatory authorities in the event of a breach of patient data.

Dispute resolution

Any disputes arising under the B-Care product shall be resolved in accordance with the laws of the Republic of Ghana. The subscriber agrees to submit to the exclusive authority of the courts of Ghana.

Limitation of liability

BIMA's liability under the B-Care product is limited to the terms and conditions of the subscription. BIMA shall not be liable for any indirect, incidental, or consequential damages arising out of or in connection with the subscription.

Governing law

The B-Care product shall be governed by the laws of the Republic of Ghana.

BIMA reserves the right at any time, and from time to time, to change prospectively the terms and conditions, including but not limited to eligibility, subscription fees, and benefits.



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