



# Botsogo He

# Welcome to Botsogo

Since inception, Botsogo
Health Plan has been securing
the health of its members and
their dependents by providing
medical aid supported by
innovative product solutions
and excellent service.

Botsogo Health Plan (BHP) is a Botswana registered medical aid scheme established in 2005 through strategic acquisition and mergers. BHP provides comprehensive covers with superior benefits in the market.

Botsogo Health Plan is administered by Metropolitan Health Botswana which forms part of the Momentum Group. BHP is accredited by the Non-Bank Financial Institutions Regulatory Authority (NBFIRA) and is a member of the Health Funders Association of Botswana (HFAB).



# **Value Proposition**

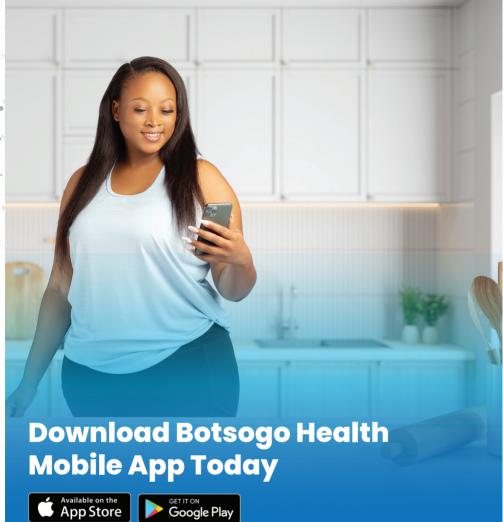
CUSTOMISED PRODUCTS EMPLOYEE WELFARE INNOVATION

QUALITY

CLIENT &

QUALITY
SERVICE
BACKED BY
TECHNOLOGY

CLIENT & SERVICE PROVIDERS







# **SERVICE AT YOUR FINGERTIPS**

The Botsogo Health Plan Mobile App & Web Portals give members access to information regarding their membership through their phone, tablet or computer.

In order to avoid queues and phone calls, simply download the Botsogo Health Plan Mobile App or register via the web portal on your chosen device to receive instant information regarding your medical aid. The Botsogo Health Plan Mobile App is compatible with Android and IOS. The Web Portals can be accessed through our website www.botsogohealthplan.co.bw

These platforms will allow members to:

- Submit Claims
- Follow Up Claims
- Track Benefit/Utilisation Calculate Tariffs
- Log Queries
- Request Cards
- Update Contact Details



# BOTSOGO WELLNESS BENEFITS "It's all about wellness"

Botsogo Health Plan's benefit structure has embedded wellness benefits that are structured and comprehensive. These provide access and interactive ways for members and their dependents to improve their overall health and well-being through preventative and mental healthcare.

### Preventative Health Care Benefit

Our annual health screening benefit offers our members access to preventative care. The comprehensive benefit offers the following through health screening tests.



# Health Risk Assessments by a GP/physician

The scheme offers all members an annual health screening at their preferred GP/Physician. The screening includes:

- BMI screenings-Know Your BMI numbers, whether your BMI falls into the underweight, healthy weight, obesity, or severe obesity category. This provides a good gauge of risks for diseases that can occur with more body fat.
- Blood Pressure test-This screening is done for the detection of hypertension or hypotension.
  - Cholesterol Tests
  - Blood Sugars
  - HIV test

# Following the assessment, members are furnished with the below;

- A lifestyle report
- Counselling and Recommendations
- Health and wellness management plans

The same service is also offered at all Clicks pharmacies in South Africa.

# 2. Cancer Screening

- Breast-Mammogram for Women aged 40 -70 years (once in 24 months)
- Cervical-Pap- smear test for women aged 25-55 years once in 2 years.
- Prostrate-PSA test for men of age
   40 years and Above

# Other wellness benefits imbedded in our structure are

# Maternity Programme Antenatal care which provides for

extended consultation visits, pathology, and obstetric scans.

# 2. Safe Male Circumcision

Benefit offered to beneficiaries 15 years and below.

## 3. Mental Health

Clinical Psychology and Psychiatric hospitalization



# **Extended Benefits**

Through its affiliation with Metropolitan Life and Hollard Insurance Botswana, Botsogo has achieved a pioneering business model that protects lives of its members and their dependents in event of major illnesses, death and when travelling outside Botswana.

The funeral, accidental death, premium health waiver and major disease benefits are insured by Metropolitan Life Botswana. The International travel Insurance is insured by Hollard Insurance Botswana. Metropolitan Health Botswana is the intermediary for these extended benefits

#### **Funeral Benefit**

P15, 000 for principle member, and adult dependent P7, 500 for child dependent P3, 000 for stillborn child

#### Premium Health Waiver

Dependents will remain covered for 12months from the date of death of the main member.

#### **Major Disease Care**

Offers financial assistance to all members of the scheme who fall victim to specified severe illnesses on their first diagnosis. It provides a lum sum upto P20, 000 for main member and adult dependent, P10, 000 child dependent.

#### These include but are not limited to:

Cancer Coronary Artery Graft Stroke Major Organ Transplant

Heart Attack Kidney Failure

#### **Accidental Death Benefit**

If death is by accident then Botsogo
Health Plan will pay an additional **P30, 000**for the main member only.

#### International Travel Insurance

Cover includes overseas medical related expenses, personal assistant services, travel delays, personal baggage and personal accident.

Cover extend up to **P5**, **000**, **000** (Ruby, Platinum and Diamond members only) Members and their beneficiaries need to inform the scheme 5 days prior to their date of departure.

Required Information: Membership Number, Passport Number, Dates of Departure & Return, primary and secondary countries that member/beneficiary will be travelling to. Information is to be sent to

botsogocustomerservice@metropolitan.co.bw for processing.





Benefit.

An influenza vaccination benefit is included in all benefit options.

All beneficiaries that are registered with Botsogo Health Plan are eligible for the vaccine once a year irrespective of age or any ailment.

# **Diamond**

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\*E = Enrolment Required

\*P = Pre-Authorisation Required

\*R = Referral by GP or Specialist required

\*D = Donor not covered

\*D2 = Donor only covered if donor is member of Botsogo

\*L = Lifetime benefit

Note: Diamond 10 attracts 10% co-payment on out patient services

PRODUCT	Diamond (MAY OBTAIN SERVICE IN RSA)
Overall limit Out Patient (OP)	S: BWP 335 000 F: BWP 836 000
MSA Out-of-network benefits	Voluntary MSA (0, 50, 100, 150, 300, 500) Network not applicable
Consultations Limit	S: 21 Visits F: 37 Visits
GP Consultations	Subject to Consultations Limit
Specialists Consultations	Subject to Consultations Limit
Antenatal Benefit *E	
Antenatal Consultations	F: 6 Visits
Ultrasounds	F: 4 Scans
Pathology	BWP 3 800 per family per annum
Procedures	S: BWP 3 200 F: BWP 4 700
Pathology	S: BWP 6 600 F: BWP 8 700
Radiology	S: BWP 4 800 F: BWP 6 600
Specialised Radiology	S: 4 CT or MRI scans F: 4 CT or MRI scans
HIV / AIDS Benefit *E, Anti - retroviral therapy,	BWP 27 900 per beneficiary per annum
Pathology Tests  Basic Dentistry	S: BWP 12 900
Busic Definishing	F: BWP 19 000
Advanced Dentistry *P Orthodontics not covered for lives above	S: BWP 30 300
the age of 25	F: BWP 46 500
Physiotherapy *R	S: BWP 13 400 F: BWP 19 800
Auxiliary services *R	S: BWP 22 400 F: BWP 39 400
Rehabilitation therapy (subject to Overall Auxiliary Services Limit)	S: BWP 17 700 F: BWP 32 500
Occupational Therapy (subject to Overall Auxiliary Services Limit)	S: BWP 17 700 F: BWP 32 500
Speech Therapy (subject to Overall Auxiliary Services Limit)	S: BWP 17 700 F: BWP 32 500
Clinical & Social Psychology (subject to Overall Auxiliary Services Limit)	S: BWP 17 700 F: BWP 32 500
Clinical Dietetics (subject to Overall Auxiliary Services Limit)	S: BWP 17 700 F: BWP 32 500
Alternative Treatment (subject to Overall Auxiliarys: Services Limit) including but not limited to the following treatments; Homeopathic, Chiropractic, Naturopathic, Acupuncture, Podiatry Treatment	S: BWP 4 800 F: BWP 6 700
Acute Medicines	S: BWP 17 900 F: BWP 21 400
Flu vaccination (subject to Acute Medicines limit)	1 per beneficiary per annum
Doctors Dispensed Acute Medicines	S: BWP 2 300 F: BWP 3 600
Chronic Medicines *E	S: BWP 44 800 F: BWP 69 000
Chronic Benefits *E Glucometer and Strips for Insulin Dependant Chronic Members	Covered
Optical Limit - per beneficiary every 24 months	BWP 6 000 per beneficiary every 24 months (Subject to Optical Limit)
Mono- / Bi- / Multifocal lenses	BWP 3 900 per beneficiary every 24 months (Subject to Optical Limit)
Frames Every 24 months	BWP 2 100 per beneficiary every 24 months (Subject to Optical Limit)
Eye Test Every 24 months	S: 1 Eye Test (Subject to Optical Limit) Every 24 months
Refractive surgery	One per eye per lifetime Subject to overall Optical Limit

# **Platinum**

PRODUCT	Platinum
	(MAY OBTAIN SERVICE IN RSA)
Overall limit in Patient (IP)	S: BWP 1 449 000
	F: BWP 3 407 000
Hospitalisation(General medical and surgical wards)	Subject to overall IP Limit
Hospitalisation(Private Ward)	Not Covered
Hospitalisation(High Care and ICU)	S: BWP 298 000
	F: BWP 886 000
Specialists and General Practitioners	Subject to overall IP Limit
Theatre Costs	Subject to overall IP Limit
Ward and Theatre medicines	Subject to overall IP Limit
Major Disease Benefit (MDB)	S: BWP 1 235 000
	F: BWP 1 235 000
Oncology Subject to MDB	S: BWP 290 000
	F: BWP 861 000
Organ Transplants *D Subject to MDB	S: BWP 290 000
	F: BWP 861 000
Organ Transplant *D2 - donor	S: BWP 153 000
	F:BWP 498 000
Renal Dialysis Subject to MDB	S: BWP 290 000
	F: BWP861 000
Motor Vehicle Accident Subject to MDB	S: BWP 273 000
	F: BWP 703 000
Step Down/Rehabilitation	S: BWP 60 000
	F: BWP 179 000
Medicines to take home	BWP1 400 per hospital episode
Appliances	BWP 15 500 per beneficiary per annum
Specialised Radiology	Subject to overall IP Limit
Pathology	Subject to overall IP Limit
Radiology	Subject to overall IP Limit
Maxillofacial Surgery	Subject to overall IP Limit
Maternity	Subject to overall IP Limit
Neonatal, including neonatal ICU and related costs	BWP 162 000 per family per annum
Internal and external prosthesis	BWP 61 000 per event
Physiotherapy *R	Subject to overall IP Limit
Psychiatric hospitalisations	S: BWP 43 200
	F: BWP 102 000
Alcohol and drug rehabilitation *L	S: BWP 43 200
	F: BWP 101 000
Circumcision (per ben per annum)	Age < 15 subject to overall IP Limit
	Age >15 procedure to be performed
	in doctors room limited to BWP 5 000
Ambulance Services	Subject to overall IP Limit
Air/Cross Borders Evacuation	Subject to overall IP Limit

\*E = Enrolment Required

\*P = Pre-Authorisation Required

\*R = Referral by GP or Specialist required

\*D = Donor not covered

\*D2 = Donor only covered if donor is member of Botsogo

\*L = Lifetime benefit

# Note: Platinum 10 attracts 10% co-payment on out patient services

PRODUCT	Platinum (MAY OBTAIN SERVICE IN RSA)
Overall limit Out Patient (OP)	(MAY OBTAIN SERVICE IN RSA) S: BWP 269 000
MSA	F: BWP 670 000 Voluntary MSA (0, 50, 100, 150, 300, 500)
Out-of-network benefits	Network not applicable
Consultations Limit	S:16 Visits
GP Consultations	F: 32 Visits Subject to Consultations Limit
Specialists Consultations	Subject to Consultations Limit
Antenatal Benefit *E	
Antenatal Consultations Ultrasounds	F: 5 Visits F: 3 Scans
Pathology	BWP 3 300 per family per annum
Procedures	S: BWP 2 800 F: BWP 4 300
Pathology	S: BWP 5 400 F: BWP 8 000
Radiology	S: BWP 3 900 F: BWP7 500
	S: BWP 3 700
Specialised Radiology	F:BWP 6 000 S:F: 3 CT or MRI scans
HIV / AIDS Benefit *E,	F: 3 CT or MRI scans
Anti-retroviral therapy, Pathology Tests	BWP 27 900 per beneficiary per annum
Basic Dentistry	S: BWP 8 300 F: BWP 12 100
Advanced Dentistry *P	
Orthodontics not covered for lives above the age of 25	S: BWP 19 400 F: BWP 27 200
Physiotherapy *R	S: BWP 9 600
Auxiliary services *R	F: BWP 15 200 S: BWP 14 700
Addition y services in	F: BWP 29 600
Rehabilitation therapy	S: BWP 11 600
(subject to Overall Auxiliary Services Limit)	F: BWP 24 500
Occupational Therapy (subject to Overall Auxiliary Services Limit)	S: BWP II 600 F: BWP 24 500
Speech Therapy (subject to Overall Auxiliary Services Limit)	S: BWP 11 600 F: BWP 24 500
Clinical & Social Psychology (subject to Overall Auxiliary Services Limit)	S: BWP 11 600 F: BWP 24 500
Clinical Dietetics (subject to Overall Auxiliary Services Limit)	S: BWP 11 600 F: BWP 24 500
Alternative Treatment (subject to Overall Auxiliary Services Limit) Including but not	S: BWP 3 000 F: BWP 5 100
limited to the following treatments; Homeopathic, Chiropractic, Naturopathic, Acupuncture, Podiatry	
Treatment	S: BWP 8 600
Acute Medicines	F: BWP 12 900
Flu vaccination (subject to Acute Medicines limit)	1 per beneficiary per annum
Doctors Dispensed Acute Medicines	S: BWP 1 600 F: BWP 2 100
Chronic Medicines *E	S: BWP 33 900 F: BWP 51 000
Chronic Benefits *E	F. DWF 31 000
Glucometer and Strips for Insulin Dependant Chronic Members	Covered
Optical Limit - per beneficiary every 24 months	BWP 4 200 per beneficiary every 24 months (Subject to Optical Limit)
Mono- / Bi- / Multifocal lenses Every 24 months	BWP 2 500 per beneficiary every 24 months (Subject to Optical Limit)
Frames Every 24 months	BWP 1700 per beneficiary every 24 months (Subject to Optical Limit)
Eye Test Every 24 months	S: 1 Eye Test (Subject to Optical Limit) Every 24 months
Refractive surgery Every 24 months	One per eye per lifetime Subject to overall Optical Limit

# Ruby

PRODUCT	Rub (MAY OBTAIN SERVICE IN RSA
Overall limit In Patient (IP)	S: BWP 1 10500
	F: BWP 1704 00
Hospitalisation (General medical and surgical wards)	Subject to overall IP Lim
(General medical and surgical wards)	Subject to overall in Lim
Hospitalisation (Private Ward)	Not Covere
Hospitalisation (High Care and ICU)	S: BWP 169 00 F: BWP 298 00
Specialists and General Practitioners	Subject to overall IP Lim
Theatre Costs	Subject to overall IP Lim
Ward and Theatre medicines	Subject to overall IP Lim
Major Disease Benefit (MDB)	S: BWP 1 022 0
	F: BWP 1 022 0
Oncology Subject to MDB	S: BWP 169 00
	F: BWP 512 000
Organ Transplants *D Subject to MDB	S: BWP 169 00
	F: BWP 512 000
Organ Transplant *D2 - donor	Not Covere
Renal Dialysis Subject to MDB	S: BWP 169 00
	F: BWP 512 000
Motor Vehicle Accident Subject to MDB	S: BWP 160 00
·	F: BWP 418 000
Step Down/Rehabilitation	S: BWP 20 50
	F: BWP 60 00
Medicines to take home	BWP 960 per hospital episod
Appliances	BWP 11 300 per beneficiary per annur
Specialised Radiology	S: 2 CT or MRI scan
specialised readingy	F: 3 CT or MRI scan
Pathology	Subject to overall IP Lim
Radiology	Subject to overall IP Lim
Maxillofacial Surgery	Subject to overall IP Lim
Maternity	Subject to overall IP Lim
Neonatal, including neonatal ICU and related costs	BWP 125 000 per family per annu
Internal and external prosthesis	BWP 42 500 per eve
Physiotherapy *R	Subject to overall IP Lim
	·
Psychiatric hospitalisations	S: BWP 25 70 F: BWP 51 000
	F: BWP 51 000
Alcohol and drug rehabilitation *L	S: BWP 21 30
	F: BWP 51 00
Circumcision (per ben per annum)	Age < 15 subject to overall IP Lim
	Age >15 procedure to be performe in doctors room limited to BWP 4 10
Ambulance Services	Subject to overall IP Lim
	,
Air/Cross Borders Evacuation	Subject to overall IP Lim

\*E = Enrolment Required

\*P = Pre-Authorisation Required

\*R = Referral by GP or Specialist required

\*D = Donor not covered

\*D2 = Donor only covered if donor is member of Botsogo

\*L = Lifetime benefit

#### Note: Ruby 10 attracts 10% co-payment on out patient services

77	
PRODUCT	Ruby (MAY OBTAIN SERVICE IN RSA)
Overall limit Out Patient (OP)	S: BWP 63 000
MSA	F: BWP 84 000 Voluntary MSA (0, 50, 100, 150, 300, 500)
Out-of-network benefits	Network not applicable
Consultations Limit	S: 16 Visits
	F: 27 Visits
GP Consultations	Subject to Consultations Limit
Specialists Consultations	Subject to Consultations Limit
Antenatal Benefit *E	
Antenatal Consultations	F: 4 Visits
Ultrasounds	F: 2 Scans
Pathology	BWP 2 400 per family per annum
Procedures	S: BWP 2 100 F: BWP 3 200
Pathology	S: BWP 4 200 F: BWP 6 100
Radiology	S: BWP 2 900 F: BWP 4 800
Specialised Radiology	S: 2 CT or MRI scans F: 3 CT or MRI scans
HIV / AIDS Benefit *E,	BWP 23 400 per beneficiary per annum
Anti-retroviral therapy, Pathology Tests	
Basic Dentistry	S: BWP 6 300 F: BWP 8 400
	r. BWF 0 400
Advanced Dentistry *P	S: BWP 14 500
Orthodontics not covered for lives above	F: BWP 21 300
the age of 25	
Physiotherapy *R	S: BWP 6 300
riiysiotileitapy k	F: BWP 12 400
Auxiliary services *R	S: BWP 14 700
	F: BWP 29 600
Rehabilitation therapy	S: BWP 11 600
(subject to Overall Auxiliary Services Limit)	F: BWP 24 500
Occupational Therapy	S: BWP 11 600 F: BWP 24 500
(subject to Overall Auxiliary Services Limit)	
Speech Therapy (subject to Overall Auxiliary Services Limit)	S: BWP 11 600 F: BWP 24 500
Clinical & Social Psychology	S: BWP 11 600
(subject to Overall Auxiliary Services Limit)	F: BWP 24 500
Clinical Dietetics	S: BWP 11 600 F: BWP 24 500
(subject to Overall Auxiliary Services Limit)	1. BWF 24 300
Alternative Treatment (subject to Overall	S: BWP 3 000
Auxiliary Services Limit) Including but not	F: BWP 5 100
limited to the following treatments; Homeopathic,	
Chiropractic, Naturopathic, Acupuncture, Podiatry	
Treatment	
Acute Medicines	S: BWP 5 900 F: BWP 9 500
Flu vaccination	1 per beneficiary per annum
(subject to Acute Medicines limit)	The periodiciary berannan
Doctors Dispensed Acute Medicines	S: BWP 980
Chronic Medicines *E	F: BWP 1 400 S: BWP 29 900
	F: BWP 47 300
"Chronic Benefits *E	
Glucometer and Strips for Insulin Dependant	Covered
Chronic Members	
Outland Hook and house of	DMD 2 000 per hanefie
Optical Limit - per beneficiary every 24 months	BWP 3 900 per beneficiary every 24 months (Subject to Optical Limit)
Mono- / Bi- / Multifocal lenses	BWP 2 200 per beneficiary every 24 months
Every 24 months	(Subject to Optical Limit)
5	DMD 1 700 per honofici
Frames	BWP 1 700 per beneficiary every 24 months (Subject to Optical Limit)
Every 24 months	(Subject to Opticul Limit)
Eye Test	S: 1 Eye Test (Subject to Optical Limit) Every 24
Every 24 months	months
•	
Refractive surgery	One per eye per lifetime
Every 24 months	Subject to overall Optical Limit

## **Bronze**

PRODUCT Overall limit In Patient (IP)	Bronze S: BWP 169 000
Overall limit in Patient (IP)	5: BWP 169 000 F: BWP 422 000
Hospitalisation	S: BWP 90 000
(General medical and surgical wards)	F: BWP 114 000
Hospitalisation (Private Ward)	Not Covered
Hospitalisation (High Care and ICU)	3 days per hospital episode
Specialists and General Practitioners	Subject to overall IP Limit
Theatre Costs	Subject to overall IP Limit
Ward and Theatre medicines	Subject to overall IP Limit
Major Disease Benefit (MDB)	Not Covered
Oncology Subject to MDB	Not Covered
Organ Transplants *D Subject to MDB	Not Covered
Organ Transplant *D2 - donor	Not Covered
Renal Dialysis Subject to MDB	Not Covered
Motor Vehicle Accident Subject to MDB	Not Covered
Step Down/Rehabilitation	Not Covered
Medicines to take home	BWP 460 per hospital episode
Appliances	BWP 5 300 per beneficiary per annum
Specialised Radiology	S:1CT or MRI scan F:1CT or MRI scan
Pathology	Subject to overall IP Limit
Radiology	Subject to overall IP Limit
Maxillofacial Surgery	Not Covered
Maternity	Subject to overall IP Limit
Neonatal, including neonatal ICU and	3 days per hospital episode
related costs Internal and external prosthesis	BWP 12 000 per even
Physiotherapy *R	Subject to overall IP Limit
Psychiatric hospitalisations	Not Covered
Alcohol and drug rehabilitation *L	Not Covered
Circumcision (per ben per annum)	Age < 15 subject to overall IP Limit
	Age >15 procedure to be performed in doctors room limited to BWP 4100
Ambulance Services	Subject to overall IP Limit
Air/Cross Borders Evacuation	,
	Not Covered

\*E = Enrolment Required

\*P = Pre-Authorisation Required

\*R = Referral by GP or Specialist required

\*D = Donor not covered

\*D2 = Donor only covered if donor is member of Botsogo

\*L = Lifetime benefit

onze	
PRODUCT	Bronze
Overall limit Out Patient (OP)	S: BWP 50 000
MSA	F: BWP 125 000 Voluntary MSA (0, 50, 100, 150, 300, 500)
Out-of-network benefits	S: 3 Visits F: 5 Visits
Consultations Limit	(Pre-notification required) S: 8 Visits F: 17 Visits
GP Consultations	At a nominated medical practitioner Subject to Consultations Limit
Specialists Consultations	Subject to Consultations Limit
Antenatal Benefit *E	F-4 Visits
Antenatal Consultations Ultrasounds	F: 2 Scans
Pathology	BWP 1 300 per family per annum
Procedures	S: BWP 1 000 F: BWP 1 900
Pathology	S: BWP 2 200 F: BWP 3 500
Radiology	S: BWP 1 700 F: BWP 2 700
Specialised Radiology	S:1 CT or MRI scan F:1 CT or MRI scan
HIV / AIDS Benefit *E,	Not Covered
Anti-retroviral therapy, Pathology Tests	
	S: BWP 3 700 F: BWP 4 700
Basic Dentistry	F. BWF 4 700
"Advanced Dentistry *P Orthodontics not covered for lives above the age of 25"	Not Covered
Physiotherapy *R	Not Covered
Auxiliary services *R	Not Covered
Rehabilitation therapy (subject to Overall Auxiliary Services Limit)	Not Covered
Occupational Therapy (subject to Overall Auxiliary Services Limit)	Not Covered
"Speech Therapy (subject to Overall Auxiliary Services Limit)	Not Covered
Clinical & Social Psychology (subject to Overall Auxiliary Services Limit)	Not Covered
Clinical Dietetics (subject to Overall Auxiliary Services Limit)	Not Covered
Alternative Treatment (subject to Overall Auxiliary Services Limit) including but not limited to the following treatments; Homeopathic, Chiropractic, Naturopathic, Acupuncture, Podiatry Treatment	Not Covered
Acute Medicines	S: BWP 3 500 F: BWP 4 600
*Flu vaccination (subject to Acute Medicines limit)	1 per beneficiary per annum
Doctors Dispensed Acute Medicines	S: BWP 700
Chronic Medicines *E	F: BWP 920 S: BWP 12 900
*Chronic Benefits *E	F: BWP 16 500
Glucometer and Strips for Insulin Dependant Chronic Members"	Covered
Optical Limit - per beneficiary every 24 months	BWP 1 200 per beneficiary every 24 months (Subject to Optical Limit)
Mono- / Bi- / Multifocal lenses Every 24 months	Subject to Overall Optical Limit
Frames Every 24 months	Subject to Overall Optical Limit
Eye Test Every 24 months	S: 1 Eye Test (Subject to Optical Limit) Every 24 months
Refractive surgery Every 24 months	Not Covered

# **Bronze Out-Patient**

PRODUCT	Bronze Out-Patient
Overall limit In Patient (IP)	Not Covered
Hospitalisation (General medical and surgical wards)	Not Covered
Hospitalisation (Private Ward)	Not Covered
Hospitalisation (High Care and ICU)	Not Covered
Specialists and General Practitioners	Not Covered
Theatre Costs	Not Covered
Ward and Theatre medicines	Not Covered
Major Disease Benefit (MDB)	Not Covered
Oncology Subject to MDB	Not Covered
Organ Transplants *D Subject to MDB	Not Covered
Organ Transplant *D2 - donor	Not Covered
Renal Dialysis Subject to MDB	Not Covered
Motor Vehicle Accident Subject to MDB	Not Covered
Step Down/Rehabilitation	Not Covered
Medicines to take home	Not Covered
Appliances	Not Covered
Specialised Radiology	Not Covered
Pathology	Not Covered
Radiology	Not Covered
Maxillofacial Surgery	Not Covered Not Covered
Maternity  Neonatal, including neonatal ICU and related costs	Not Covered Not Covered
Internal and external prosthesis	Not Covered
Physiotherapy *R	Not Covered
Psychiatric hospitalisations	Not Covered
Alcohol and drug rehabilitation *L	Not Covered
Circumcision (per ben per annum)	Not Covered
Ambulance Services	Not Covered
Air/Cross Borders Evacuation	Not Covered

\*E = Enrolment Required

\*P = Pre-Authorisation Required

\*R = Referral by GP or Specialist required

\*D = Donor not covered

\*D2 = Donor only covered if donor is member of Botsogo

\*L = Lifetime benefit

t-Patient	
PRODUCT	Bronze Out-Patient
Overall limit Out Patient (OP)	S: BWP 50 000 F: BWP 125 000
MSA	Voluntary MSA (0, 50, 100, 150, 300, 500)
Out-of-network benefits	S: 3 Visits F: 5 Visits (Pre-notification required)
Consultations Limit	S: 8 Visits F: 17 Visits
GP Consultations	At a nominated medical practitioner Subject to Consultations Limit
Specialists Consultations	Subject to Consultations Limit
Antenatal Benefit *E	
Antenatal Consultations Ultrasounds	F: 4 Visits F: 2 Scans
Pathology	BWP 1 300 per family per annum
Procedures	S: BWP 1 000
Pathology	F: BWP 1 900 S: BWP 2 200
Radiology	F: BWP 3 500 S: BWP 1 700
Specialised Radiology	F: BWP 2 700 S: 1 CT or MRI scan
-	F: 1 CT or MRI scan Not Covered
HIV / AIDS Benefit *E, Anti-retroviral therapy,	Not Covered
Pathology Tests	S: BWP 3 700
Basic Dentistry	F: BWP 4 700
Advanced Dentistry *P	Not Covered
Orthodontics not covered for lives above the age of 25	
Physiotherapy *R	Not Covered
Auxiliary services *R	Not Covered
Rehabilitation therapy	Not Covered
(subject to Overall Auxiliary Services Limit)	
Occupational Therapy (subject to Overall Auxiliary Services Limit)	Not Covered
Speech Therapy (subject to Overall Auxiliary Services Limit)	Not Covered
Clinical & Social Psychology (subject to Overall Auxiliary Services Limit)	Not Covered
"Clinical Dietetics (subject to Overall Auxiliary Services Limit)"	Not Covered
Alternative Treatment (subject to Overall Auxiliary Services Limit) Including but not limited to the following treatments; Homeopathic, Chiropractic, Naturopathic, Acupuncture, Podiatry Treatment	Not Covered
Acute Medicines	S: BWP 3 500 F: BWP 4 600
Flu vaccination	1 per beneficiary per annum
(subject to Acute Medicines limit)	S: BWP 700
Doctors Dispensed Acute Medicines	F: BWP 920
Chronic Medicines *E	S: BWP 12 900 F: BWP 16 500
Chronic Benefits *E	
Glucometer and Strips for Insulin Dependant Chronic Members	Covered
Optical Limit - per beneficiary every 24 months	BWP 1 200 per beneficiary every 24 months (Subject to Optical Limit)
Mono- / Bi- / Multifocal lenses Every 24 months	Subject to Overall Optical Limit
Frames Every 24 months	Subject to Overall Optical Limit
Every 24 months  Eye Test Every 24 months	S:1 Eye Test (Subject to Optical Limit) Every 24 months
Refractive surgery Every 24 months	Not Covered

# **Bronze In-Patient**

PRODUCT	Bronze In-Patient
Overall limit In Patient (IP)	S: BWP 169 000
Hospitalisation	S: BWP 90 000
(General medical and surgical wards)	F: BWP 114 000
Hospitalisation (Private Ward)	Not Covered
Hospitalisation (High Care and ICU)	3 days per hospital episode
Specialists and General Practitioners	Subject to overall IP Limit
Theatre Costs	Subject to overall IP Limit
Ward and Theatre medicines	Subject to overall IP Limit
Major Disease Benefit (MDB)	Not Covered
Oncology Subject to MDB	Not Covered
Organ Transplants *D Subject to MDB	Not Covered
Organ Transplant *D2 - donor	Not Covered
Renal Dialysis Subject to MDB	Not Covered
Motor Vehicle Accident Subject to MDB	Not Covered
Step Down/Rehabilitation	Not Covered
Medicines to take home	BWP 460 per hospital episode
Appliances	BWP 5 300 per beneficiary per annum
Specialised Radiology	S: 1 CT or MRI scan F: 1 CT or MRI scan
Pathology	Subject to overall IP Limit
Radiology	Subject to overall IP Limit
Maxillofacial Surgery	Not Covered
Maternity	Subject to overall IP Limit
Neonatal, including neonatal ICU and	3 days per hospital episode
related costs	,
Internal and external prosthesis	BWP 12 000 per even
Physiotherapy *R	Subject to overall IP Limit
Psychiatric hospitalisations	Not Covered
Alcohol and drug rehabilitation *L	Not Covered
Circumcision (per ben per annum)	Age < 15 subject to overall IP Limit Age >15 procedure to be performed
	in doctors room limited to BWP 4 100
	Subject to overall IP Limit
Ambulance Services  Air/Cross Borders Evacuation	Not Covered

\*E = Enrolment Required

\*P = Pre-Authorisation Required

\*R = Referral by GP or Specialist required

\*D = Donor not covered

\*D2 = Donor only covered if donor is member of Botsogo

\*L = Lifetime benefit

Peccount Overall limit Out Fatient (OF) Not Covered MSA Not Covered Out-of-network benefits Not Covered GP Consultations Limit Not Covered GP Consultations Not Covered GP Consultations Not Covered Antendatal Benefit *E Not Covered Antendatal Benefit *E Not Covered Uttrassunds Not Covered Pathology Not Covered Pathology Not Covered Pathology Not Covered Pathology Not Covered Radiology Radiology Not Covered Radiology Not Covered Radiology Radiology Radiology Not Covered Radiology Radiolo	n-Patient	
MSA Not Covered  Not Covered  Out-of-network benefits Not Covered  Out-of-network benefits Not Covered  Out-of-network benefits Not Covered  Of Consultations Not Covered  Antenatal Benefit *E Not Covered  Antenatal Benefit *E Not Covered  Antenatal Consultations Not Covered  Antenatal Consultations Not Covered  Pathology Not Covered  Not Covered  Not Covered  Rehabilitation therapy (subject to Coveral Auxiliary Services Limit)  Cocupational Therapy (subject to Coveral Auxiliary Services Limit)  Cocupational Therapy (subject to Coveral Auxiliary Services Limit)  Cocupational Therapy (subject to Coveral Auxiliary Services Limit)  Not Covered  Cinical Distetles  Not Covered  Auxiliary Services Limit) Not Covered  Cinical Distetles  Not Covered  Cinical Binations  Not Covered  Cinical Distetles  Not Covered  Cinic	PRODUCT	Bronze In-Patient
MSA Not Covered  Out-of-network benefits Not Covered  Consultations Limit Not Covered  GP Consultations Not Covered  Specialists Consultations Not Covered  Antenatal Benefit *E Not Covered  Antenatal Consultations Not Covered  Antenatal Consultations Not Covered  Pathology Not Covered  Radiology Not Covered  Radiology Not Covered  Pathology Not Covered  Pathology Not Covered  Radiology Not Covered  Pathology Not Covered  Pathology Not Covered  Pathology Not Covered  Pathology Not Covered  Radiology Not Covered  Pathology Not Covered  Pathology Tests'  Basic Dentistry Not Covered  Pathology Tests'  Basic Dentistry Not Covered  Pathology Tests'  Radiology Not Covered  Auxiliary services Institute Not Covered  Auxiliary services Institute Not Covered  Auxiliary services Institute Not Covered  Rehabilitation therapy (subject to Coveral Auxiliary Services Limit)  Speech Therapy (subject to Coveral Auxiliary Services Limit)  Pathology Services Limit) Not Covered  Auxiliary Servic	Overall limit Out Patient (OP)	Not Covered
Cut-of-network benefits	MSA	
Consultations Limit  On Covered  Por Consultations  Not Covered  Specialists Consultations  Not Covered  Antendatal Benefit *E  Antendatal Benefit *E  Antendatal Benefit *E  Antendatal Consultations  Not Covered  Pathology  Not Covered  Pathology  Not Covered  Pathology  Not Covered  Radiology  Not Covered  Pathology  Not Covered  Pathology  Not Covered  Radiology  Not Covered  Pathology  Not Covered  Pathology  Not Covered  Pathology  Not Covered  Pathology  Not Covered  Pathology Test  Radiology  Not Covered  Pathology Test  Radiology  Not Covered  Pathology Test  Not Covered  Pathology Test  Not Covered  Pathology Test  Not Covered  Pathology Test  Radiology  Not Covered  Pathology Test  Not Covered  Pathology Test  Not Covered  Pathology Test  Radiology  Not Covered  Pathology Test  Not Covered  Antendation therapy  Auxiliary services 'R  Not Covered  Rehabilitation therapy  (subject to Coveral Auxiliary Services Limit)  Cocupational Therapy  (subject to Coveral Auxiliary Services Limit)  Not Covered  Clinical & Social Psychology  (subject to Coveral Auxiliary Services Limit)  Not Covered  Clinical Covered Auxiliary Services Limit)  Not Covered  Alternative Treatment (subject to Overal Auxiliary Services Limit)  Not Covered  Pathology Test to Overal Auxiliary Services Limit)  Not Covered  Pathology Test to Overal Auxiliary Services Limit)  Not Covered  Pathology Test to Overal Auxiliary Services Limit)  Not Covered  Pathology Test to Overal Auxiliary Services Limit)  Not Covered  Pathology Test to Overal Auxiliary Services Limit)  Not Covered  Pathology Test to Overal Auxiliary Services Limit)  Not Covered  Pathology Test to Overal Auxiliary Services Limit)  Not Covered  Pathology Test Peneticiary Services Limit  Not Covered  Pathol	Out-of-network benefits	
Reficiency Process of Physiotherapy (subject to Overall Audilary Services Limit)  Cocupational Therapy (subject to Overall Audilary Services Limit)  Speech Therapy (subject to Overall Audilary Services Limit)  Clinical Social Psychology  Rot Covered  Physiotherapy Reficiency (subject to Overall Audilary Services Limit)  Audilards Technology Services Limit)  Cocupational Therapy (subject to Overall Audilary Services Limit)  Audilards Technology Services Limit)  Colinical Social Psychology  Rot Covered  Pathology Tests  Reficiency  Rot Covered  Pathology Tests  Rot Covered  Reficiency  Rot Covered  Rot		
Specialists Consultations Antenatal Benefit *E Antenatal Consultations Antenatal Consultations Antenatal Consultations Pothology Pothology Not Covered Pathology Not Covered Pathology Not Covered Radiology Radiology Not Covered Radiology Rad		
Antenatal Consultations   Not Covered   Not Covered   Pathology   Not Covered   Pathology   Not Covered   Not Covered   Pathology   Not Covered   Not Covered   Pathology   Not Covered   Not Covered		
Hittesounds Not Covered Pothology Not Covered Procedures Not Covered Radiology Not Covered Radiology Not Covered Radiology Not Covered Procedures Not Covered Prothology Tests' Tests' Tests' Tests' Not Covered Prothology Tests' Tes	Antenatal Benefit *E	Not Covered
Pothology Pothology Not Covered Pothology Not Covered Pothology Not Covered Radiology Retailed Specialised Radiology Not Covered Radiology Tests Radiology Radiology Tests Radiology Rad		
Procedures Not Covered  Radiology Not Covered  Radiology Not Covered  Specialised Radiology Not Covered  Specialised Radiology Not Covered  Specialised Radiology Not Covered  Party / AIDs Benefit *F. Anti-retroviral therapy, Pathology Tests*  Basic Dentistry Not Covered  Tadvanced Dentistry *P Orthodontics not covered for lives above the age of 25°  Physiotherapy *R Not Covered  Rehabilitation therapy (subject to Overall Auxiliary Services Limit)  Occupational Therapy (subject to Overall Auxiliary Services Limit)  Not Covered  (subject to Overall Auxiliary Services Limit)  Clinical Social Psychology (subject to Overall Auxiliary Services Limit)  Clinical Social Psychology (subject to Overall Auxiliary Services Limit)  Alternative Treatment (subject to Overall Auxiliary Services Limit)  Alternative Treatment (subject to Overall Auxiliary Services Limit)  Alternative Treatment (subject to Overall Auxiliary Services Limit)  Auxiliary Services IImit) including but not limited to the following treatments; Homeopathic, Chiroprotic, Naturopathic, Acupuncture, Podiatry Treatment  Auxiliary Services IImit) including but not limited to the following treatments; Homeopathic, Chiroprotic, Naturopathic, Acupuncture, Podiatry Treatment  Acute Medicines  Not Covered  Chronic Benefits *E Not Covered  Chronic Medicines *E Not Covered  Mono- / Bi- / Multifocal lenses Every 24 months  Not Covered  Frames Every 24 months  Not Covered  Refractive surgery  Not Covered		
Radiology  Specialised Radiology  Not Covered  PHIV   AIDS Benefit *E, Anti-retrovirot therapy, Pethology Tests'  Basic Dentistry  Not Covered  *Advanced Dentistry *P  Orthodonics not covered for lives above the age of 25'  Physiotherapy *R  Not Covered  Auxiliary services *R  Not Covered  Auxiliary services *R  Not Covered  Auxiliary services *R  Not Covered  (subject to Overall Auxiliary Services Limit)  Cocupational Therapy (subject to Overall Auxiliary Services Limit)  Claincia & Social Psychology (subject to Overall Auxiliary Services Limit)  Alternative Treatment (subject to Overall Auxiliary Services Limit)  Acute Medicines  Not Covered  Flu vaccination (subject to Acute Medicines limit)  Doctors Dispensed Acute Medicines  Not Covered  Chronic Benefits *E  Not Covered  Chronic Benefits *E  Not Covered  Chronic Medicines *E  Not Covered  Chronic Medicines *E  Not Covered  Monor -   Bi-   Multifacol lenses  Every 24 months  Not Covered  Fluver 24 months  Not Covered  Frames  Every 24 months  Not Covered  Refractive surgery  Not Covered  Not Covered  Refractive surgery  Not Covered		Not Covered
Specialised Radiology  Tetry / AIDS Benefit "E, Anth-Fetrovirot therapy, Pothology Tests"  Basic Dentistry  Not Covered  "Advanced Dentistry "P Orthodontics not covered for lives above the age of 25"  Physiotherapy "R Not Covered  Auxiliary services "R Not Covered  Rehabilitation therapy (subject to Overall Auxiliary Services Limit)  Cocupational Therapy (subject to Overall Auxiliary Services Limit)  Cocupational Therapy (subject to Overall Auxiliary Services Limit)  Physiotherapy "R Not Covered  Rehabilitation therapy (subject to Overall Auxiliary Services Limit)  Cocupational Therapy (subject to Overall Auxiliary Services Limit)  Physiotherapy (subject to Overall Auxiliary Services Limit)  Physiotherapy (subject to Overall Auxiliary Services Limit)  Not Covered  Clinical Dietetics (subject to Overall Auxiliary Services Limit)  Alternative Treatment (subject to Overall Auxiliary Services Limit)  Alternative Treatment (subject to Overall Auxiliary Services Limit)  Alternative Treatment (subject to Overall Auxiliary Services Limit)  Acute Medicines  Not Covered  Plu vaccination (subject to Acute Medicines limit)  Doctors Dispensed Acute Medicines  Not Covered  Chronic Benefits "E Not Covered  Chronic Medicines "E Not Covered  Frames Every 24 months  Eye Test Every 24 months  Refractive surgery  Not Covered	Pathology	Not Covered
Auxiliary services 'R Rehabilitation therapy Physiotherapy 'R Auxiliary services 'R Rehabilitation therapy (subject to Overall Auxiliary Services Limit)  Speech Therapy (subject to Overall Auxiliary Services Limit)  Clinical Social Psychology (subject to Overall Auxiliary Services Limit)  Not Covered  Auxiliary services 'R Rehabilitation therapy (subject to Overall Auxiliary Services Limit)  Not Covered  Rehabilitation therapy (subject to Overall Auxiliary Services Limit)  Cocupational Therapy (subject to Overall Auxiliary Services Limit)  Speech Therapy (subject to Overall Auxiliary Services Limit)  Clinical Social Psychology (subject to Overall Auxiliary Services Limit)  Not Covered  Clinical Dietetics (subject to Overall Auxiliary Services Limit)  Alternative Treatment (subject to Overall Auxiliary Services Limit)  Auxiliary Services Limit) (subject to Overall Auxiliary Services Limit)  Dieterics (Subject to Overall Auxiliary Services Limit)  Auxiliary Services Limit) (subject to Overall Auxiliary Services Limit)  Pil vaccination (subject to Auxiliary Services Limit)  Doctors Dispensed Acute Medicines (Subject Coverall Auxiliary Services Limit)  Doctors Dispensed Acute Medicines (Subject Coverall Auxiliary Services Limit)  Doctors Dispensed Acute Medicines (Subject Coverall Auxiliary Services Limit)  Doctors Dispensed Acute Medicines (Subject Coverall Auxiliary Services Limit)  Doctors Dispensed Acute Medicines (Subject Coverall Auxiliary Services Limit)  Doctors Dispensed Acute Medicines (Subject Coverall Auxiliary Services Limit)  Doctors Dispensed Acute Medicines (Subject Coverall Auxiliary Services Limit)  Doctors Dispensed Acute Medicines (Subject Coverall Auxiliary Services Limit)  Doctors Dispensed Acute Medicines (Subject Coverall Auxiliary Services Limit)  Doctors Dispensed Acute Medicines (Subject Coverall Auxiliary Services Limit)  Promas  Every 24 months  Not Covered  Not	Radiology	Not Covered
Anti-retroviral therapy, Pathology Tests*  Basic Dentistry  Not Covered  *Advanced Dentistry *P Orthodontics not covered for lives above the age of 25*  Physiotherapy *R Not Covered  Auxiliary services *R Not Covered  Rehabilitation therapy (subject to Overall Auxiliary Services Limit)  Occupational Therapy (subject to Overall Auxiliary Services Limit)  Pspech Therapy (subject to Overall Auxiliary Services Limit)  Not Covered  Auxiliary Services Limit)  Not Covered  Clinical & Social Psychology (subject to Overall Auxiliary Services Limit)  Not Covered  Auxiliary Services Limit) including Services Limit)  Alternative Treatment (subject to Overall Auxiliary Services Limit)  Alternative Treatment (subject to Overall Auxiliary Services Limit)  Auxiliary Services Limit) including but not limited to the following treatments; Homeopathic, Chiropractic, Naturopathic, Acupuncture, Podiatry Treatment  Acute Medicines  Not Covered  Flu vaccination (subject to Acute Medicines limit)  Doctors Dispensed Acute Medicines limit)  Doctors Dispensed Acute Medicines  Not Covered  Chronic Benefits *E  Chronic Benefits *E  Chronic Benefits *F  Not Covered  Mono- / Bi- / Multifocal lenses Every 24 months  Not Covered  Frames Every 24 months  Not Covered  Refractive surgery  Not Covered  Not Covered  Not Covered	Specialised Radiology	Not Covered
Pathology Tests*  Basic Dentistry  Not Covered  Advanced Dentistry *P Orthodontics not covered for lives above the age of 25*  Physiotherapy *R Not Covered  Auxiliary services *R Not Covered  Rehabilitation therapy (subject to Overall Auxiliary Services Limit)  Cocupational Therapy (subject to Overall Auxiliary Services Limit)  Speech Therapy (subject to Overall Auxiliary Services Limit)  Not Covered  Clinical & Social Psychology (subject to Overall Auxiliary Services Limit)  Alternative Treatment (subject to Overall Auxiliary Services Limit)  Alternative Treatment (subject to Overall Auxiliary Services Limit)  Alternative Treatment (subject to Overall Auxiliary Services Limit)  Acute Medicines  Not Covered  Flu vaccination (subject to Acute Medicines limit)  Doctors Dispensed Acute Medicines  Chronic Medicines *E  Not Covered  Chronic Medicines *E  Not Covered  Mono - / Bi- / Multifocal Ienses Every 24 months  Eye Test Every 24 months  Refractive surgery  Not Covered  Refractive surgery  Not Covered  Not Covered  Not Covered		
Advanced Dentistry "P Orthodontics not covered for lives above the age of 25"  Physiotherapy "R Not Covered  Auxiliary services "R Rehabilitation therapy (subject to Overall Auxiliary Services Limit)  Occupational Therapy (subject to Overall Auxiliary Services Limit)  Speech Therapy (subject to Overall Auxiliary Services Limit)  Not Covered  Clinical & Social Psychology (subject to Overall Auxiliary Services Limit)  Not Covered  Clinical Dietetics (subject to Overall Auxiliary Services Limit)  Alternative Treatment (subject to Overall Auxiliary Services Limit)  Acute Medicines  Not Covered  Flu vaccination (subject to Acute Medicines limit)  Doctors Dispensed Acute Medicines  Chronic Medicines "E  Not Covered  Mono- / Bi- / Multifocal lenses Every 24 months  Not Covered  Frames Every 24 months  Not Covered  Not Covered  Not Covered  Refractive surgery  Not Covered  Not Covered	1.77	Not Covered
Orthodontics not covered for lives above the age of 25'  Physiotherapy *R  Auxiliary services *R  Not Covered  Rehabilitation therapy (subject to Overall Auxiliary Services Limit)  Occupational Therapy (subject to Overall Auxiliary Services Limit)  Speech Therapy (subject to Overall Auxiliary Services Limit)  Clinical & Social Psychology (subject to Overall Auxiliary Services Limit)  Clinical & Social Psychology (subject to Overall Auxiliary Services Limit)  Alternative Treatment (subject to Overall Auxiliary Services Limit)  Acute Medicines Services Limit)  Acute Medicines  Not Covered  Flu vaccination (subject to Acute Medicines limit)  Doctors Dispensed Acute Medicines  Chronic Medicines *E  Not Covered  Chronic Medicines *E  Not Covered  Chronic Medicines *E  Not Covered  Mono- / Bi- / Multifocal lenses  Every 24 months  Not Covered  Frames  Every 24 months  Not Covered  Refractive surgery  Not Covered  Not Covered	Basic Dentistry	Not Covered
Orthodontics not covered for lives above the age of 25'  Physiotherapy *R  Auxiliary services *R  Not Covered  Rehabilitation therapy (subject to Overall Auxiliary Services Limit)  Cocupational Therapy (subject to Overall Auxiliary Services Limit)  Speech Therapy (subject to Overall Auxiliary Services Limit)  Clinical & Social Psychology (subject to Overall Auxiliary Services Limit)  Clinical & Social Psychology (subject to Overall Auxiliary Services Limit)  Alternative Treatment (subject to Overall Auxiliary Services Limit)  Acute Medicines Services Limit)  Acute Medicines  Not Covered  Flu vaccination (subject to Acute Medicines limit)  Doctors Dispensed Acute Medicines limit)  Doctors Dispensed Acute Medicines  Chronic Medicines *E  Not Covered  Chronic Medicines *E  Not Covered  Mono- / Bi- / Multifocal lenses  Every 24 months  Not Covered  Frames  Every 24 months  Not Covered  Provered  Not Covered  Refractive surgery  Not Covered  Not Covered	"Advanced Dentistry *P	Not Covered
Auxiliary services "R  Rehabilitation therapy (subject to Overall Auxiliary Services Limit)  Cocupational Therapy (subject to Overall Auxiliary Services Limit)  Speech Therapy (subject to Overall Auxiliary Services Limit)  Not Covered  Speech Therapy (subject to Overall Auxiliary Services Limit)  Not Covered  Clinical Social Psychology (subject to Overall Auxiliary Services Limit)  Not Covered  Clinical Dietetics (subject to Overall Auxiliary Services Limit)  Alternative Treatment (subject to Overall Auxiliary Services Limit) including but not limited to the following treatments; Homeopathic, Chiropractic, Naturopathic, Acupuncture, Podiatry Treatment  Acute Medicines  Not Covered  Flu vaccination (subject to Acute Medicines limit)  Doctors Dispensed Acute Medicines limit)  Doctors Dispensed Acute Medicines Imit)  Not Covered  Chronic Medicines "E  Not Covered  Not Covered  Not Covered  Not Covered  Not Covered  Not Covered  Thronic Medicines "E  Not Covered  Not Covered  Not Covered  Not Covered  Not Covered  Not Covered  Frames  Every 24 months  Not Covered  Frames  Every 24 months  Not Covered  Not Covered  Not Covered  Not Covered  Refractive surgery  Not Covered		
Rehabilitation therapy (subject to Overall Auxiliary Services Limit)  Occupational Therapy (subject to Overall Auxiliary Services Limit)  Speech Therapy (subject to Overall Auxiliary Services Limit)  Not Covered  Clinical & Social Psychology (subject to Overall Auxiliary Services Limit)  Not Covered  Clinical Dietetics (subject to Overall Auxiliary Services Limit)  Alternative Treatment (subject to Overall Auxiliary Services Limit)  Acute Medicines  Not Covered  Flu vaccination (subject to Acute Medicines limit)  Doctors Dispensed Acute Medicines limit)  Doctors Dispensed Acute Medicines  Not Covered  Chronic Medicines *E  Not Covered  Chronic Medicines *F  Not Covered  Chronic Members*  Optical Limit - per beneficiary every 24 months  Mono - / Bi- / Multifocal lenses Every 24 months  Not Covered  Frames Every 24 months  Not Covered  Refractive surgery  Not Covered  Not Covered	Physiotherapy *R	Not Covered
(subject to Overall Auxiliary Services Limit)  Occupational Therapy (subject to Overall Auxiliary Services Limit)  Speech Therapy (subject to Overall Auxiliary Services Limit)  Clinical & Social Psychology (subject to Overall Auxiliary Services Limit)  Not Covered  Clinical Dietetics (subject to Overall Auxiliary Services Limit)  Alternative Treatment (subject to Overall Auxiliary Services Limit)  Not Covered  Initiated to the following treatments; Homeopathic, Chiropractic, Naturopathic, Acupuncture, Podiatry Treatment  Acute Medicines  Not Covered  Flu vaccination (subject to Acute Medicines limit)  Doctors Dispensed Acute Medicines limit)  Doctors Dispensed Acute Medicines  Not Covered  Chronic Medicines *E  Not Covered  Chronic Members*  Optical Limit - per beneficiary every 24 months  Not Covered  Mono- / Bi- / Multifocal lenses  Every 24 months  Frames  Every 24 months  Not Covered  Provered  Not Covered  Not Covered  Refractive surgery  Not Covered  Not Covered	Auxiliary services *R	Not Covered
Cocupational Therapy (subject to Overall Auxiliary Services Limit)  Speech Therapy (subject to Overall Auxiliary Services Limit)  Clinical & Social Psychology (subject to Overall Auxiliary Services Limit)  Not Covered  Clinical Dietetics (subject to Overall Auxiliary Services Limit)  Alternative Treatment (subject to Overall Auxiliary Services Limit)  Acute Medicines  Not Covered  Flu vaccination (subject to Acute Medicines limit)  Doctors Dispensed Acute Medicines  Not Covered  Chronic Medicines *E  Chronic Medicines *E  Not Covered  Chronic Members*  Optical Limit - per beneficiary every 24 months  Not Covered  Frames  Every 24 months  Not Covered  Frames  Every 24 months  Not Covered  Not Covered  Refractive surgery  Not Covered	**	Not Covered
Speech Therapy (subject to Overall Auxiliary Services Limit)  Clinical & Social Psychology (subject to Overall Auxiliary Services Limit)  Not Covered  Clinical Dietetics (subject to Overall Auxiliary Services Limit)  Alternative Treatment (subject to Overall Auxiliary Services Limit)  Alternative Treatment (subject to Overall Auxiliary Services Limit)  Not Covered  Not Covered  Initiated to the following treatments; Homeopathic, Chirapractic, Naturopathic, Acupuncture, Podiatry Treatment  Acute Medicines  Not Covered  Flu vaccination (subject to Acute Medicines limit)  Doctors Dispensed Acute Medicines  Not Covered  Chronic Medicines *E  Chronic Medicines *E  Chronic Medicines *F  Not Covered  Not Covered  Not Covered  Mono- / Bi- / Multifocal lenses Every 24 months  Not Covered  Frames Every 24 months  Eye Test Every 24 months  Not Covered  Prames Every 24 months  Not Covered	Occupational Therapy	Not Covered
(subject to Overall Auxiliary Services Limit)  Clinical Dietetics (subject to Overall Auxiliary Services Limit)  Alternative Treatment (subject to Overall Auxiliary Services Limit)  Alternative Treatment (subject to Overall Auxiliary Services Limit)  Not Covered  Not Covered  Initiated to the following treatments; Homeopathic, Chiropractic, Naturopathic, Acupuncture, Podiatry Treatment  Acute Medicines  Not Covered  Flu vaccination (subject to Acute Medicines limit)  Doctors Dispensed Acute Medicines  Not Covered  Chronic Medicines *E  Not Covered  Chronic Benefits *E  Optical Limit - per beneficiary every 24 months  Not Covered  Frames  Every 24 months  Not Covered  Pot Townered  Not Covered  Not Covered  Refractive surgery  Not Covered	Speech Therapy	Not Covered
Clinical Dietetics (subject to Overall Auxiliary Services Limit)  Alternative Treatment (subject to Overall Auxiliary Services Limit) including but not limited to the following treatments; Homeopathic, Chiropractic, Naturopathic, Acupuncture, Podiatry Treatment  Acute Medicines  Not Covered  Flu vaccination (subject to Acute Medicines limit)  Doctors Dispensed Acute Medicines limit)  Doctors Dispensed Acute Medicines Imit  Chronic Medicines *E  Not Covered  Chronic Benefits *E  Ohto Covered  Not Covered  Not Covered  Not Covered  Not Covered  Thronic Members  Optical Limit - per beneficiary every 24 months  Mono- / Bi- / Multifocal lenses Every 24 months  Not Covered  Frames Every 24 months  Not Covered  Not Covered  Not Covered  Not Covered  Refractive surgery  Not Covered		Not Covered
Alternative Treatment (subject to Overall Auxiliarry Services Limit) Including but not limited to the following treatments; Homeopathic, Chiropractic, Naturopathic, Acupuncture, Podiatry Treatment  Acute Medicines  Not Covered  Flu vaccination (subject to Acute Medicines limit)  Doctors Dispensed Acute Medicines  Not Covered  Chronic Medicines *E  Not Covered  Chronic Benefits *E Glucometer and Strips for Insulin Dependant Chronic Members*  Optical Limit - per beneficiary every 24 months  Mono - / Bi- / Multifocal lenses Every 24 months  Frames Every 24 months  Not Covered  Refractive surgery  Not Covered	Clinical Dietetics	
Auxillary Services Limit) including but not limited to the following treatments; Homeopathic, Chiropractic, Naturopathic, Acupuncture, Podiatry Treatment  Acute Medicines  Not Covered  Flu vaccination (subject to Acute Medicines limit)  Doctors Dispensed Acute Medicines limit)  Doctors Dispensed Acute Medicines  Not Covered  Chronic Medicines *E  Not Covered  Chronic Medicines *F  Not Covered  Ontronic Members  Optical Limit - per beneficiary every 24 months  Mono- / Bi- / Multifocal lenses Every 24 months  Not Covered  Frames Every 24 months  Not Covered  Not Covered  Not Covered  Refractive surgery  Not Covered		Not Covered
Flu vaccination (subject to Acute Medicines limit)  Doctors Dispensed Acute Medicines  Chronic Medicines *E  Not Covered  Chronic Benefits *E  Glucometer and Strips for Insulin Dependant Chronic Members'  Optical Limit - per beneficiary every 24 months  Mono- / Bi- / Multifocal lenses Every 24 months  Not Covered  Frames Every 24 months  Not Covered  Eye Test Every 24 months  Not Covered  Refractive surgery  Not Covered	Auxiliary Services Limit) Including but not limited to the following treatments; Homeopathic, Chiropractic, Naturopathic, Acupuncture, Podiatry	
(subject to Acute Medicines limit)  Doctors Dispensed Acute Medicines  Chronic Medicines *E  Not Covered  Chronic Benefits *E  Not Covered  Chronic Benefits *E  Not Covered  Chronic Members  Optical Limit - per beneficiary every 24 months  Mono- / Bi- / Multifocal lenses Every 24 months  Not Covered  Frames Every 24 months  Not Covered  Eye Test Every 24 months  Not Covered  Refractive surgery  Not Covered	Acute Medicines	Not Covered
Doctors Dispensed Acute Medicines  Chronic Medicines *E  Not Covered  Chronic Benefits *E  Slucometer and Strips for Insulin Dependant Chronic Members*  Optical Limit - per beneficiary every 24 months  Mono- / Bi- / Multifocal lenses Every 24 months  Not Covered  Frames Every 24 months  Not Covered  Eye Test Every 24 months  Not Covered  Refractive surgery  Not Covered		Not Covered
Chronic Benefits *E Glucometer and Strips for insulin Dependant Chronic Members*  Optical Limit - per beneficiary every 24 months  Mono- / Bi- / Multifocal lenses Every 24 months  Not Covered  Frames Every 24 months  Not Covered  Eye Test Every 24 months  Not Covered  Refractive surgery  Not Covered		Not Covered
	Chronic Medicines *E	Not Covered
	Chronic Benefits *E	Not Covered
Mono-	Glucometer and Strips for Insulin Dependant	
Every 24 months  Frames Every 24 months  Not Covered  Every 24 months  Eye Test Every 24 months  Not Covered  Not Covered  Not Covered  Not Covered  Not Covered	Optical Limit - per beneficiary every 24 months	Not Covered
Every 24 months  Eye Test Not Covered Every 24 months  Refractive surgery Not Covered		Not Covered
Eye Test Not Covered Every 24 months  Refractive surgery Not Covered		Not Covered
	Eye Test	Not Covered
		Not Covered

# **GENERAL EXCLUSIONS**

## No benefits shall be paid respect of the following:

- \* Travel expenses except if provided for in the benefit option chosen.
- \* Reports, examinations and tests requested for emigration, immigration, visas, insurance policies, employment, admission to schools or universities, court medical reports, muscle-function tests, fitness examinations and tests, adoption of children, retirement because of ill-health and annual examinations.
- Operations, treatment and procedures (including complications) for cosmetic reasons including all cosmetic items.
- \* Accounts for services rendered by persons not registered with a recognized professional body constituted in terms of an Act of Parliament and any institution, nursing home or similar institution except a state or provincial hospital not registered in terms of any law.
- Accounts for appointments not kept by members or their dependents.
- Hospitalisation for orthodontic related surgery, periodontal surgery and elective maxillo-facial and oral surgery.

# Accounts in respect of:

- Conditions for which the costs are recoverable from another party
- A condition arising from self-inflicted injuries, suicide or attempt to commit suicide, whether or not the person was criminally accountable
- Injuries arising from professional sport and power-driven vehicle sport, scuba diving, bungee or parachute jumps
- Appliances and medication to prevent injuries during sport and recreational activities
- Injuries arising from actions on account of a criminal transgression on which the member or his dependents were found guilty
- Accommodation in an old-age home or institution providing general care and nursing services to persons, e.g. the infirm, aged or chronically sick patients, or similar institutions.
- \* Examinations, test and treatment of impotence and of infertility or artificial insemination.
- Cost in excess of the annual maximum benefits to which the member is entitled under the Rules of the Scheme
- Accommodation in spa's, health resorts or places of rest
- The cost of holidays for recuperation purposes

- \* Benefits not mentioned in this Schedule or services not rendered in terms of accepted protocol or not aimed at the treatment of an actual or supposed condition or deficiency, disadvantaging or endangering essential body functions
- Mammary surgery and breast reconstruction / reduction except where this is related to carcinoma, tumours and abscesses
- Any cost charged by a provider of service for motivations or prior motivations
- Breathing exercises
- Preparations for the specific treatment of obesity/overweight, including dietary supplements
- \* Applicators, toilet preparations, cosmetics
- \* Hyperbaric oxygen treatment
- \* Services rendered by social workers
- \* Telephone consultations
- Costs for services rendered outside the borders of Botswana, unless the option makes provision for this Bio-kinetics njuries during illegal picketing or riot.
- \* No benefit shall be paid in respect of thefollowing medicine even if it is prescribed by a medical practitioner, dentist or a legally authorized Patent and household remedies not promoted by the medical profession. Nutritional supplements (including patent and baby foods). Aphrodisiacs Sun-screening agents
- Anti-habit substances unless provided for in the member's benefit option.
- Contraceptives and devices to prevent pregnancy: Provided that no contribution shall be made on such contraceptives even if they are prescribed for ailments.
- \* Anabolic steroids.
- Voluntary termination of pregnancy
- \* Vaccines (biological) oral and parental.
- \* Contact lens preparations.
- Malaria prophylactics.
- Tonics, stimulants, biological substances, vitamins, minerals and vitamin/mineral combinations unless proven medical indications and

**FOREIGN CLAIMS** - For services rendered outside Botswana and South Africa, ONLY emergency claims will be covered. Members will pay upfront for all the medical services and claim back from the scheme. A retrospective authorization will be required within 24h of receiving the claim.

Claims will be paid subject to the Botsogo set tariffs and in the Botswana currency (BWP).



Program which members/dependants with any chronic conditions must enroll on in order for appropriate benefits to be made available. Chronic medication must be prescribed by a registered doctor and will be limited to the scheme's medicine formulary.

## The following chronic conditions will be covered under the chronic benefit.

- 1. Addison's Disease
- 2. Bipolar Mood Disorder
- 3. Cardiomyopathy
- 4. Chronic Obstructive Pulmonary Disease
- 5. Diabetes Insipidus
- Diabetes Milletus type 1 6.
- 7. Diabetes Milletus type 2
- 8. **Epilepsy**
- 9. Haemophilia
- 10. Hyperlipidaemia
- Hypothyroidism
- 12. Parkinson's Disease
- Schizophrenia 13.
- Asthma 14.
- Cardiac Failure 15.
- Chronic Renal Disease
- 17. Coronary Artery Disease
- 18. Dvsrhvthmia's
- Glaucoma 19.
- 20. HIV/AIDS
- 21. Hypertension
- 22. Multiple Sclerosis 23. Rheumatoid Arthritis
- 24. Systemic Lupus Erythematous (SLE)
- 25. Bronchiectasis
- 26. Chrohn's Disease
- 27. Ulcerative Colitis



#### **CUSTOMER SERVICE**

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# EMERGENCY SERVICE PROVIDERS

MRI 992

#### **AFTER HOURS AMBULANCE SERVICES**

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#### **PRE-AUTHORIZATIONS & EMERGENCY CASES**

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