



Elevate Your Health Journey with Botsogo Health Plan



It's all about wellness

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

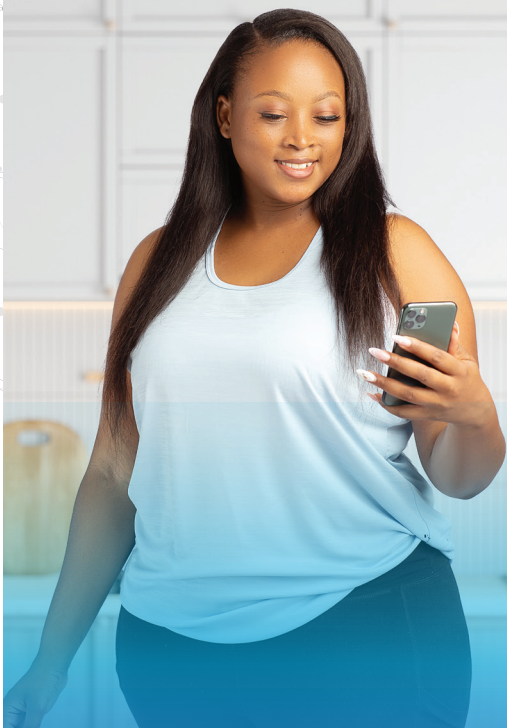
EMPLOYEE
WELFARE

INNOVATION

QUALITY
SERVICE
BACKED BY
TECHNOLOGY

CLIENT &
SERVICE
PROVIDERS





Download Botsogo Health Mobile App Today



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.



1. 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.
- Prostate-PSA test for men of age 40 years and Above

Other wellness benefits imbedded in our structure are

1. 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.





Influenza Vaccine 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

PRODUCT	Diamond (MAY OBTAIN SERVICE IN RSA)
Overall limit in Patient (IP)	S: BWP 2 216 000 F: BWP 4 261 000
Hospitalisation (General medical and surgical wards)	Subject to overall IP Limit
Hospitalisation (Private Ward)	S: BWP 162 000 F: BWP 324 000
Hospitalisation (High Care and ICU)	S: BWP 359 000 F: BWP 1 075 000
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 1 611 000 F: BWP 1 611 000
Oncology Subject to MDB	S: BWP 298 000 F: BWP 886 000
Organ Transplants *D Subject to MDB	S: BWP 569 000 F: BWP 1 535 000
Organ Transplant *D2 -donor	S: BWP 298 000 F: BWP 886 000
Renal Dialysis Subject to MDB	S: BWP 298 000 F: BWP 886 000
Motor Vehicle Accident Subject to MDB	S: BWP 282 000 F: BWP 724 000
Step Down/Rehabilitation	S: BWP 70 000 F: BWP 207 000
Medicines to take home Appliances	BWP 1 700 per hospital episode BWP 18 400 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 Internal and external prosthesis	BWP 237 000 per family per annum BWP 72 000 per event
Physiotherapy *R	Subject to overall IP Limit
Psychiatric hospitalisations	S: BWP 54 000 F: BWP 128 000
Alcohol and drug rehabilitation *L	S: BWP 54 000 F: BWP 128 000
Circumcision (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

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, Pathology Tests	BWP 27 900 per beneficiary per annum
Basic Dentistry	S: BWP 12 900 F: BWP 19 000
Advanced Dentistry *P Orthodontics not covered for lives above the age of 25	S: BWP 30 300 F: BWP 46 500
Physiotherapy *R	S: BWP 13 400 F: BWP 19 800
Auxiliary services *R	S: BWP 22 400 F: BWP 38 400
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 Diagnostics (subject to Overall Auxiliary Services Limit)	S: BWP 17 700 F: BWP 32 500
Alternative Treatment (subject to Overall Auxiliary Services Limit) including but not limited to the following treatments: Homoeopathic, 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)
Monio- / 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

*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

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: BWP 861 000
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	BWP 1 400 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

PRODUCT	Platinum (MAY OBTAIN SERVICE IN RSA)
Overall limit Out Patient (OP)	S: BWP 269 000 F: BWP 670 000
MSA	Voluntary MSA (0, 50, 100, 150, 300, 500)
Out-of-network benefits	Network not applicable
Consultations Limit	S: 16 Visits F: 32 Visits
GP Consultations	Subject to Consultations Limit
Specialists Consultations	Subject to Consultations Limit
Antenatal Benefit *E	
Antenatal Consultations	F: 5 Visits
Ultrasounds	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: BWP 7 500
	S: BWP 3 700 F: BWP 6 000
Specialised Radiology	SF: 3 CT or MRI scans F: 3 CT or MRI scans
HIV / AIDS Benefit *E, 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 F: BWP 15 200
Auxiliary services *R	S: BWP 14 700 F: BWP 29 600
Rehabilitation therapy (subject to Overall Auxiliary Services Limit)	S: BWP 11 600 F: BWP 24 500
Occupational Therapy (subject to Overall Auxiliary Services Limit)	S: BWP 11 600 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 Diets (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 limited to the following treatments; Homeopathic, Chiropractic, Naturopathic, Acupuncture, Podiatry Treatment	S: BWP 3 000 F: BWP 5 100
Acute Medicines	S: BWP 8 600 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 Glucometer and Strips for insulin Dependent 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 1 700 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

*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

Ruby

PRODUCT	Ruby (MAY OBTAIN SERVICE IN RSA)
Overall limit in Patient (IP)	S: BWP 1 050 000 F: BWP 1 704 000
Hospitalisation (General medical and surgical wards)	Subject to overall IP Limit
Hospitalisation (Private Ward)	Not Covered
Hospitalisation (High Care and ICU)	S: BWP 169 000 F: BWP 298 000
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 1 022 000 F: BWP 1 022 000
Oncology Subject to MDB	S: BWP 169 000 F: BWP 512 000
Organ Transplants *D Subject to MDB	S: BWP 169 000 F: BWP 512 000
Organ Transplant *D2 - donor	Not Covered
Renal Dialysis Subject to MDB	S: BWP 169 000 F: BWP 512 000
Motor Vehicle Accident Subject to MDB	S: BWP 160 000 F: BWP 418 000
Step Down/Rehabilitation	S: BWP 20 500 F: BWP 60 000
Medicines to take home	BWP 980 per hospital episode
Appliances	BWP 11 300 per beneficiary per annum
Specialised Radiology	S: 2 CT or MRI scans F: 3 CT or MRI scans
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 125 000 per family per annum
Internal and external prosthesis	BWP 42 500 per event
Physiotherapy *R	Subject to overall IP Limit
Psychiatric hospitalisations	S: BWP 25 700 F: BWP 51 000
Alcohol and drug rehabilitation *L	S: BWP 21 300 F: BWP 51 000
Circumcision (per ben per annum)	Age < 15 subject to overall IP Limit Age >15 procedure to be performed in doctors room limited to BWP 4 100
Ambulance Services	Subject to overall IP Limit
Air/Cross Borders Evacuation	Subject to overall IP Limit

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*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

PRODUCT	Ruby (MAY OBTAIN SERVICE IN RSA)
Overall limit Out Patient (OP)	S: BWP 83 000 F: BWP 84 000
MSA	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, Anti-retroviral therapy, Pathology Tests	BWP 23 400 per beneficiary per annum
Basic Dentistry	S: BWP 6 300 F: BWP 8 400
Advanced Dentistry *P Orthodontics not covered for lives above the age of 25	S: BWP 14 500 F: BWP 21 300
Physiotherapy *R	S: BWP 6 300 F: BWP 12 400
Auxiliary services *R	S: BWP 14 700 F: BWP 29 600
Rehabilitation therapy (subject to Overall Auxiliary Services Limit)	S: BWP 11 600 F: BWP 24 500
Occupational Therapy (subject to Overall Auxiliary Services Limit)	S: BWP 11 600 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 Diетetics (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 limited to the following treatments; Homeopathic, Chiropractic, Naturopathic, Acupuncture, Podiatry Treatment	S: BWP 3 000 F: BWP 5 100
Acute Medicines	S: BWP 5 900 F: BWP 9 500
Flu vaccination (subject to Acute Medicines limit)	1 per beneficiary per annum
Doctors Dispensed Acute Medicines	S: BWP 980 F: BWP 1 400
Chronic Medicines *E	S: BWP 29 900 F: BWP 47 300
*Chronic Benefits *E Glucometer and Strips for Insulin Dependant Chronic Members	Covered
Optical Limit - per beneficiary every 24 months	BWP 3 900 per beneficiary every 24 months (subject to Optical Limit)
Mono- / Bi- / Multifocal lenses Every 24 months	BWP 2 200 per beneficiary every 24 months (subject to Optical Limit)
Frames Every 24 months	BWP 1 700 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

Bronze

PRODUCT	Bronze
Overall limit in Patient (IP)	S: BWP 169 000 F: BWP 422 000
Hospitalisation (General medical and surgical wards)	S: BWP 90 000 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 related costs	3 days per hospital episode
Internal and external prosthesis	BWP 12 000 per event
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
Ambulance Services	Subject to overall IP Limit
Air/Cross Borders Evacuation	Not Covered

PRODUCT	Bronze
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 At a nominated medical practitioner
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 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, Anti-retroviral therapy, Pathology Tests	Not Covered
Basic Dentistry	S: BWP 3 700 F: BWP 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 Diabetics (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 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
Eye Test Every 24 months	S: 1 Eye Test (Subject to Optical Limit) Every 24 months
Refractive surgery Every 24 months	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

Bronze Out-Patient

PRODUCT	Bronze Out-Patient
Overall limit In Patient (*P)	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
Maternity	Not Covered
Neonatal, including neonatal ICU and related costs	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

PRODUCT	Bronze Out-Patient
Overall limit Out Patient (*P)	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 At a nominated medical practitioner
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 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, Anti-retroviral therapy, Pathology Tests	Not Covered
Basic Dentistry	S: BWP 3 700 F: BWP 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 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
Eye Test Every 24 months	S: 1 Eye Test (Subject to Optical Limit) Every 24 months
Refractive surgery Every 24 months	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

Bronze In-Patient

PRODUCT	Bronze In-Patient
Overall limit in Patient (IP)	S: BWP 169 000 F: BWP 422 000
Hospitalisation (General medical and surgical wards)	S: BWP 90 000 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 related costs	3 days per hospital episode
Internal and external prosthesis	BWP 12 000 per event
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
Ambulance Services	Subject to overall IP Limit
Air/Cross Borders Evacuation	Not Covered

PRODUCT	Bronze In-Patient
Overall limit Out Patient (OP)	Not Covered
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
Ultrasounds	Not Covered
Pathology	Not Covered
Procedures	Not Covered
Pathology	Not Covered
Radiology	Not Covered
Specialised Radiology	Not Covered
*HIV / AIDS Benefit *E, Anti-retroviral therapy, Pathology Tests*	Not Covered
Basic Dentistry	Not Covered
*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 Diabetics (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	Not Covered
Flu vaccination (subject to Acute Medicines limit)	Not Covered
Doctors Dispensed Acute Medicines	Not Covered
Chronic Medicines *E	Not Covered
Chronic Benefits *E Glucometer and Strips for insulin Dependant Chronic Members*	Not Covered
Optical Limit - per beneficiary every 24 months	Not Covered
Mono- / Bi- / Multifocal lenses Every 24 months	Not Covered
Frames Every 24 months	Not Covered
Eye Test Every 24 months	Not Covered
Refractive surgery Every 24 months	Not Covered

*E = Enrolment Required

*P = Pre-Authourisation 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

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 the following 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).



DISEASE MANAGEMENT PROGRAM

The scheme has a Disease Management 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
6. Diabetes Mellitus type 1
7. Diabetes Mellitus type 2
8. Epilepsy
9. Haemophilia
10. Hyperlipidaemia
11. Hypothyroidism
12. Parkinson's Disease
13. Schizophrenia
14. Asthma
15. Cardiac Failure
16. Chronic Renal Disease
17. Coronary Artery Disease
18. Dysrhythmia's
19. Glaucoma
20. HIV/AIDS
21. Hypertension
22. Multiple Sclerosis
23. Rheumatoid Arthritis
24. Systemic Lupus Erythematosus (SLE)
25. Bronchiectasis
26. Crohn's Disease
27. Ulcerative Colitis



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