

(MAY OBTAIN SERVICE IN RSA)"		
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	

*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
*C =	Member needs to pay and claim back from Botsogo
*L =	Lifetime benefit
*PH =	Pre-Authorisation required for Health4Me after the 10th visit per member per month

Frames

Every 24 months

Eye Test Every 24 months

Refractive surgery Every 24 months

(MAY OBTAIN SERVICE IN RSA)		
Overall limit Out Patient (OP)	S: BWP 50 000	
Out-of-network benefits	F: BWP 125 000 S: 3 Visits F: 5 Visits	
	(Pre-notification required) S: 8 Visits F: 17 Visits	
Consultations Limit	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	
Framos		

Subject to Overall Optical Limit

S: 1 Eye Test (Subject to Optical Limit) Every 24 months

Not Covered