

(MAY OBTAIN SERVICE IN RSA)"		
Overall limit In Patient (IP)	S: BWP 1 105 000 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 1 000 per hospital episode	
Appliances	BWP 12 000 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	

Enrolment Required
Pre-Authorisation Required
Referral by GP or Specialist required
Donor not covered
Donor only covered if donor is member of Botsogo
Member needs to pay and claim back from Botsogo
Lifetime benefit
Pre-Authorisation required for Health4Me after the 10th visit per member per month

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Overall limit Out Patient (OP)	S: BWP 63 000 F: BWP 84 000	
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 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 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	

(subject to Acute Medicines limit)

Glucometer and Strips for Insulin

Dependant Chronic Members

Optical Limit - per beneficiary

Mono- / Bi- / Multifocal lenses

Doctors Dispensed Acute

Chronic Medicines *E

Chronic Benefits *E

every 24 months

Every 24 months

Every 24 months

Every 24 months

Refractive surgery Every 24 months

Frames

Eye Test

Medicines

BWP 3 900 per beneficiary every

BWP 2 200 per beneficiary every 24 months (Subject to Optical

BWP 1 700 per beneficiary every 24 months (Subject to Optical Limit)

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

One per eye per lifetime Subject to overall Optical Limit

24 months (Subject to Optical

S: BWP 980

F: BWP 1 400 S: BWP 29 900

F: BWP 47 300

Covered

Limit)