

GHANA | LIBERTY HEALTH COVER CORPORATE AND SME BENEFIT TABLE October 2020 - September 2021 (LH20B)

This table will give you an overall summary of the benefits we offer. Please read this summary together with the Liberty Health Cover Policy Conditions, which provides more detailed information.

Annual benefits limit per insured person per year in GHS.



PRODUCT OPTION	Lite	Classic	Plus	Elite
Region of cover	In-country only	In-country only	Africa and India	Worldwide (excluding North America)
Network Providers paid at Liberty Tariffs	Restricted Network of providers only No payment for services outside Network	Standard Network	Enhanced Network	Enhanced Network
Overall limit	110 000	530 000	2 500 000	5 300 000

HOSPITAL BENEFITS (In-patient) Subject to pre-authorisation and clinical funding protocols

In-hospital accommodation, specialists, theatre, ward, acute dialysis and medicine costs (Subject to overall limit)	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Ambulance services (Subject to overall limit)	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Intensive care (Subject to overall limit)	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Specialised radiology (combined limit in-hospital and out-of-hospital)	4 000	8 500	13 000	15 700
In-patient maternity (childbirth) (Subject to overall limit)	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Neonatal care (incubator, phototherapy, congenital conditions, prematurity)	26 000	107 000	400 000	530 000
Psychiatric hospitalisation	5 days per annum	10 days per annum	14 days per annum	20 days per annum
Prosthesis and devices (per prosthesis/device)	8 500	15 700	22 000	26 000
External medical appliances	1 100	1 300	2 600	5 300

MAJOR DISEASE BENEFITS Subject to pre-authorisation and clinical funding protocols

Overall limit	53 000	100 000	400 000	530 000
Oncology (Cancer) treatment	✔	✔	✔	✔
Organ transplants	x	✔	✔	✔
Renal (Kidney) dialysis	x	✔	✔	✔

INTERNATIONAL EMERGENCY EVACUATION BENEFITS Subject to pre-authorisation and clinical funding protocols

International emergency evacuation and repatriation	x	x	Subject to overall limit	Subject to overall limit
Compassionate travel for one person accompanying an evacuated person	x	x	Return economy class ticket and accommodation up to a maximum of 14 days. US\$250 per day for sundry costs (max 14 days)	Return economy class ticket and accommodation up to a maximum of 14 days. US\$300 per day for sundry costs (max 14 days)
Repatriation of mortal remains following an international emergency evacuation	x	x	15 700	53 200

DAY-TO-DAY BENEFITS (Out-patient)

Acute Conditions Benefit (conditions that generally appear suddenly, progress rapidly and are relatively short in duration) <ul style="list-style-type: none"> • Consultations (GP and specialist) • Prescribed medication • Diagnostic tests • Pathology, i.e., blood tests requested by a doctor during the course of your consultations • Basic radiology, i.e., out-of-hospital basic x-rays • Out-of-hospital non-surgical procedures, such as applying plaster of paris and stitches • Auxillary services such as physiotherapy, chiropractics and speech therapy • Annual medical examination pre-authorised at designated centres 	2 600 Sub limit for acute medication 1 100	4 000 Sub limit for acute medication 1 300	8 000 Sub limit for acute medication 2 600	13 000 Sub limit for acute medication 5 300
Chronic Conditions Benefit (conditions that require medication and treatment for more than three continuous months) <ul style="list-style-type: none"> • Consultations (GP and specialist) • Prescribed chronic medication • Pathology, i.e., blood tests requested by a doctor during the course of your consultations • Basic radiology Subject to pre-authorisation, clinical funding protocols and overall limit	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Out-patient maternity care Note: If this benefit is depleted, then claims will be paid from the available Day-to-Day Benefits	2 200	2 600	4 000	5 300
Dentistry	1 100 Basic dentistry only	Paid in Full Sub limit for specialised dentistry 2 600	Paid in Full Sub limit for specialised dentistry 4 000	Paid in Full Sub limit for specialised dentistry 5 300
Optical benefits <ul style="list-style-type: none"> • 1 x eye test per insured person per year • Frames and lenses (including contact lenses) every 2 years 	730	1 100	1 570	2 200
Specialised radiology (combined limit in and out of hospital)	✔	✔	✔	✔

Note: If the start date of your health cover is after the start date of your employer's Liberty Health Cover Policy, your Day-to-day Benefits (Out-patient) will be available to you on a pro-rata basis.

Disclaimer: The benefits described in the table above are subject to the Policy Conditions in the Liberty Health Cover Policy Document. Every attempt has been made to ensure complete accuracy of this document. However, in the event of a conflict between this document and the Liberty Health Cover Policy Conditions, the Policy Conditions will prevail. E&OE