

KENYA | Liberty Health Cover Multinational benefit table 2024

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. The annual benefit limits per insured person for the year are in Kenyan Shilling (KES).

Benefit plan	Global Elite	Plus Africa	Classic Critical Care	Classic	Lite
Region of cover	Worldwide (excluding North America) Evacuation and critical care: Africa and India	Africa, India, Thailand and U.A.E	East Africa Evacuation and Critical Care: Africa & India	Out-patient care: East Africa only In-Patient care: East Africa and India where treatment is medically necessary and not available locally.	In-country only
Network providers paid at Liberty Tariffs	Premier Network Out of Network will be reimbursed subject to Premier network tariffs	Premier Network Out of Network will be reimbursed subject to Premier network tariffs	Enhanced Network Out of Network will be reimbursed subject to Enhanced network tariffs	Enhanced Network Out of Network will be reimbursed subject to Enhanced network tariffs	Standard Network Out of Network will be reimbursed subject to Standard network tariffs
Overall limit	260 000 000	105 000 000	51 500 000	10 500 000	5 150 000
Day-to-day benefits (for conditions that generally appear suddenly, progress rapidly and are relatively short in duration)					
<ul style="list-style-type: none"> GP and specialist consultations Prescribed acute medication including vaccinations Diagnostic tests Pathology, i.e. blood tests requested by a doctor in 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-authorized at designated centres 	325 000 Sub-limit for prescribed acute medication 125 000	195 000 Sub-limit for prescribed acute medication 90 500	125 000 Sub-limit for prescribed acute medication 64 500	104 000 Sub-limit for prescribed acute medication 52 000	64 500 Sub-limit for prescribed acute medication 32 500
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-authorization, clinical treatment protocols and overall limit	Paid in full Subject to overall limit	Paid in full Subject to overall limit	Paid in full Subject to overall limit	Paid in full Subject to overall limit	Paid in full Subject to overall limit
Wellness Check-up Benefit	39 000	32 500	26 000	19 500	x
Optical benefits					
1 x eye test per insured person per year Frames and lenses (including contact lenses) every 2 years	52 000	45 000	39 000	32 500	19 500
Dental benefits (subject to clinical funding protocols)					
Basic dentistry Dental consultations, basic dental procedures including removal of teeth, fillings, preventative treatment, scaling and polishing and x-rays	Paid in full Subject to overall limit	Paid in full Subject to overall limit	Paid in full Subject to overall limit	Paid in full Subject to overall limit	
Specialised dentistry Root canal treatment, dentures, inlays, crowns, bridges, periodontal treatment, orthodontic treatment and procedures in rooms. Orthodontic treatment will be restricted to members up to and including the age of 21 years.	84 500	52 000	45 000	39 000	17 500
Psychological wellbeing benefits					
Psychologist/social worker consultations and prescribed acute medication	Subject to day-to-day benefits limit	Subject to day-to-day benefits limit	Subject to day-to-day benefits limit	Subject to day-to-day benefits limit	Subject to day-to-day benefits limit
Ongoing psychiatric consultations and associated chronic medication	Subject to chronic conditions benefits limit	Subject to chronic conditions benefits limit	Subject to chronic conditions benefits limit	Subject to chronic conditions benefits limit	Subject to chronic conditions benefits limit
Hospital benefits (subject to pre-authorization and clinical funding protocols)	28 days per annum	24 days per annum	24 days per annum	20 days per annum	10 days per annum
Maternity benefits (subject to pre-authorization and clinical funding protocols)					
Out-patient maternity care Antenatal consultations, ultrasounds and pathology services, including amniocentesis, are paid from this benefit Any additional maternity claims will be paid from the available day-to-day benefits	<ul style="list-style-type: none"> Consultations x 12 Ultrasound scans x 3 Laboratory tests such as rhesus blood group and amniocentesis (subject to pre-authorization) 	<ul style="list-style-type: none"> Consultations x 12 Ultrasound scans x 3 Laboratory tests such as rhesus blood group and amniocentesis (subject to pre-authorization) 	<ul style="list-style-type: none"> Consultations x 12 Ultrasound scans x 3 Laboratory tests such as rhesus blood group and amniocentesis (subject to pre-authorization) 	<ul style="list-style-type: none"> Consultations x 12 Ultrasound scans x 3 Laboratory tests such as rhesus blood group and amniocentesis (subject to pre-authorization) 	Covered under Acute Conditions Benefit
Out-patient high-risk pregnancies Subject to enrolment for case management	Additional consultations and ultrasound scans	Additional consultations and ultrasound scans	Additional consultations and ultrasound scans	Additional consultations and ultrasound scans	
In-patient maternity - childbirth and management of high-risk pregnancies	Paid in full Subject to overall limit	Paid in full Subject to overall limit	Paid in full Subject to overall limit	Paid in full Subject to overall limit	Paid in full Subject to overall limit
Neonatal care - incubator, phototherapy, congenital conditions, prematurity	6 500 000	3 250 000	2 550 000	1 300 000	640 000
Postnatal depression - medication, consultations, pathology	Subject to chronic conditions benefits limit	Subject to chronic conditions benefits limit	Subject to chronic conditions benefits limit	Subject to chronic conditions benefits limit	Subject to chronic conditions benefits limit
Hospital benefits (subject to pre-authorization and clinical funding protocols)					
In-hospital accommodation	Standard private room en-suite	Standard private room en-suite	Standard private room en-suite	Standard private room	Standard private room
Intensive care	Paid in full Subject to overall limit	Paid in full Subject to overall limit	Paid in full Subject to overall limit	Paid in full Subject to overall limit	Paid in full Subject to overall limit
In-hospital accommodation, specialists, theatre, ward, acute dialysis and medicine costs	Subject to overall limit Discharge medicine limited to 14 days after hospitalisation	Subject to overall limit Discharge medicine limited to 14 days after hospitalisation	Subject to overall limit Discharge medicine limited to 14 days after hospitalisation	Subject to overall limit Discharge medicine limited to 14 days after hospitalisation	Subject to overall limit Discharge medicine limited to 14 days after hospitalisation
Rehabilitation, Private nursing and Hospice care	320 000 up to a maximum of 30 days	275 000 up to a maximum of 30 days	235 000 up to a maximum of 30 days	235 000 up to a maximum of 30 days	160 000 up to a maximum of 30 days
Specialised radiology - combined limit in and out of hospital	285 000	255 000	215 000	190 000	140 000
Prosthesis and devices - per prosthesis/device	4 400 000 for Cochlear implants 585 000 for all other prosthesis	3 400 000 for Cochlear implants 450 000 for all other prosthesis	2 900 000 for Cochlear implants 385 000 for all other prosthesis	2 350 000 for Cochlear implants 315 000 for all other prosthesis	1 350 000 for Cochlear implants 225 000 for all other prosthesis
External medical appliances	1 400 000 for Hearing Aids 245 000 for Other appliances	885 000 for Hearing Aids 155 000 for Other appliances	665 000 for Hearing Aids 120 000 for Other appliances	520 000 for Hearing Aids 92 000 for Other appliances	295 000 for Hearing Aids 52 000 for Other appliances
Ambulance benefits (within region of cover)					
Emergency in-country ambulance services (mode determined by logistics)	Paid in full Subject to overall limit	Paid in full Subject to overall limit	Paid in full Subject to overall limit	Paid in full Subject to overall limit	Paid in full Subject to overall limit
Non-emergency ambulance and cross-border ambulance (mode to be determined by logistics, subject to pre-authorization)	Paid in full Subject to overall limit	Paid in full Subject to overall limit	Paid in full Subject to overall limit	Paid in full Subject to overall limit	Paid in full Subject to overall limit
Major diseases benefits (subject to pre-authorization and clinical funding protocols)					
Major diseases benefits limit	7 250 000	3 750 000	2 700 000	2 350 000	1 550 000
Provision of treatment (subject to the major diseases benefits limit)	Oncology treatment, organ transplants and renal dialysis	Oncology treatment, organ transplants and renal dialysis	Oncology treatment, organ transplants and renal dialysis	Oncology treatment, organ transplants and renal dialysis	Oncology treatment, organ transplants and renal dialysis
Donor matching (limited to immediate family members on the policy)	Paid subject to the major diseases benefit limit	Paid subject to the major diseases benefit limit	Paid subject to the major diseases benefit limit	Paid subject to the major diseases benefit limit	Paid subject to the major diseases benefit limit

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 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

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International benefits (subject to pre-authorisation and clinical funding protocols)					
International emergency medical evacuations In the case of a medical emergency/life-threatening condition and where treatment is not available locally, cover includes: international evacuation and foreign treatment costs	Subject to the overall limit and appropriate sublimits.	Subject to the overall limit and appropriate sublimits.	Subject to the overall limit and appropriate sublimits.	x	x
Critical care In the case of a medically necessary, non-emergency life-threatening condition, where treatment for in-patient care is not available locally, cover includes: international travel/accommodation and foreign treatment costs	Subject to the overall limit and appropriate sublimits.	Subject to the overall limit and appropriate sublimits.	Subject to the overall limit and appropriate sublimits.	x	x
Travel and accommodation costs per event Applicable only to international emergency medical evacuations and critical care cases for the patient, and where applicable, one accompanying person	Return economy class ticket and accommodation up to a maximum of 14 days. US\$300 per day for sundry costs (max 14 days).	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\$250 per day for sundry costs (max 14 days).	x	x
Repatriation of mortal remains Applicable to international emergency medical evacuations and critical care cases only	1 150 000	390 000	260 000	x	x
Elective roaming Applicable to beneficiaries electing to obtain medical services outside their country of residence and in line with their benefit plan region of cover. Cover includes foreign treatment cost and services but not travel.	Subject to the overall limit and appropriate sublimits	Subject to the overall limit and appropriate sublimits	Subject to the overall limit and appropriate sublimits	In-Patient care: East Africa and India where treatment is medically necessary and not available locally.	x
Emergency treatment whilst travelling outside area of cover (up to max 60 days per trip). The International emergency evacuation benefits are not covered outside the area of cover.	Up to Kes 15 500 000 in USA and Canada. For other countries when outside your area of cover, benefits are subject to limits specified in this benefit table.	Up to Kes 13 000 000 in USA and Canada. For other countries when outside your area of cover, benefits are subject to limits specified in this benefit table.	Up to Kes 10 500 000 in USA and Canada. For other countries when outside your area of cover, benefits are subject to limits specified in this benefit table.	Up to Kes 7 850 000 in USA and Canada. For other countries when outside your area of cover, benefits are subject to limits specified in this benefit table.	x

LIBERTY WELLBEING AND DIGITAL TOOLS	Available to all beneficiaries. Access to the Liberty Wellbeing online platform for self-completion of health assessments and easy, 24-hour access to clinically approved health promotion material. Access to digital tools including a unique customer profile via desktop login or the Liberty Health Mobile App (iOS and Android).
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