

LESOTHO | 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 LSL.



LIBERTY

PRODUCT OPTION	Essence	Traditional	Classic	Plus	Core Care
Region of cover	Lesotho and South Africa	Lesotho and South Africa	Lesotho and South Africa	Lesotho, Africa and India	Lesotho, Africa and India
Network Providers paid at Liberty Tariffs	Standard Network	Standard Network	Enhanced Network	Enhanced Network	Standard Network
Overall limit	480 000	850 000	1 700 000	Unlimited	850 000

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

In-hospital accommodation, specialists, theatre, ward, acute dialysis, basic radiology, pathology, physiotherapy, procedures and medicine costs (Subject to overall limit)	Paid in Full	Paid in Full	Paid in Full	Paid in Full (private ward limit of 2 810 per day)	Paid in Full
Ambulance services (Subject to overall limit)	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Specialised radiology (combined limit in and out of hospital)	21 300	25 900	35 900	42 700	25 900
Neonatal care (incubator, phototherapy, congenital conditions, prematurity)	210 000	290 000	420 000	720 000	290 000
Psychiatric hospitalisation	5 days per annum	14 days per annum	14 days per annum	20 days per annum	14 days per annum
Prosthesis and devices (per prosthesis/device)	42 700	50 000	57 300	72 000	50 600
External medical appliances	4 270	5 000	7 190	14 500	5 060
Dental and maxillofacial surgery (Subject to overall limit)	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Private nursing/Step down or Hospice	7 190	8 310	16 900	41 500	8 310
In-patient maternity (childbirth) (Subject to overall limit)	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Circumcision	2 130	2 810	3 710	4 270	2 810
Accommodation* (also applicable to International Emergency Evacuations)	Accommodation for one family member accompanying an insured person receiving care outside Lesotho. Up to a maximum of 5 nights. LSL210 per day for sundry costs (max 5 days)	Accommodation for one family member accompanying an insured person receiving care outside Lesotho. Up to a maximum of 5 nights. LSL210 per day for sundry costs (max 5 days)	Accommodation for one family member accompanying an insured person receiving care outside Lesotho. Up to a maximum of 5 nights. LSL210 per day for sundry costs (max 5 days)	Accommodation for one family member accompanying an insured person receiving care outside Lesotho. Up to a maximum of 5 nights. LSL210 per day for sundry costs (max 5 days)	Accommodation for one family member accompanying an insured person receiving care outside Lesotho. Up to a maximum of 5 nights. LSL210 per day for sundry costs (max 5 days)
*Note: The Insured Person must be a child or unable to travel without assistance.					

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

Overall limit	480 000	540 000	720 000	1 070 000	540 000
Oncology (Cancer) treatment	Subject to major disease limit	Subject to major disease limit	Subject to major disease limit	Subject to major disease limit	Subject to major disease limit
Organ transplants	Subject to major disease limit	Subject to major disease limit	Subject to major disease limit	Subject to major disease limit	Subject to major disease limit
Renal (Kidney) dialysis	Subject to major disease limit	Subject to major disease limit	Subject to major disease limit	Subject to major disease limit	Subject to major disease limit

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

International emergency evacuation and repatriation	Subject to overall limit	Subject to overall limit	Subject to overall limit	Subject to overall limit	Subject to overall limit
Repatriation of mortal remains following an international emergency evacuation	14 300	14 300	14 300	14 300	14 300

DAY-TO-DAY BENEFITS (Out-patient)

Extender Benefit (General Saver)	1 070 per family per annum	1 550 per family per annum	2 020 per family per annum	2 360 per family per annum	x
Consultations (GP and Specialist)	6 per annum	8 per annum	10 per annum	12 per annum	x
Procedures	5 500	8 200	16 400	33 100	x
Acute medication	4 270 OTC sub-limit of 540 per annum, maximum of 150 per claim	6 060 OTC sub-limit of 540 per annum, maximum of 200 per claim	8 650 OTC sub-limit of 670 per annum, maximum of 270 per claim	10 230 OTC sub-limit of 810 per annum, maximum of 350 per claim	x
Chronic Conditions Benefit (conditions that require medication and treatment for more than three continuous months) • Consultations (GP and Specialist) • Prescribed chronic medication • Pathology, i.e., blood tests requested by a doctor in the course of your consultations • Basic radiology Note: If this benefit is depleted, then claims will pay from the available day-to-day benefits	4 270	5 960	8 990	20 900	x
Radiology and Pathology	4 270	6 060	8 650	19 100	x
Auxiliary Services	1 570	1 690	2 360	3 590	x
Out-patient maternity care Note: If this benefit is depleted, then claims will pay from the available day-to-day benefits	7 190	8 990	10 700	14 300	x
Basic dentistry	2 020	2 130	2 530	3 490	x
Specialised dentistry Specialised dentistry including root canal treatment, dentures, inlays, crowns, bridges, periodontal treatment, orthodontic treatment and procedures in rooms. Orthodontic treatment will be restricted to members under the age of 21 (twenty-one) years inclusive.	x	x	3 590	7 190	x
Optical benefits (the following optical benefits are covered on an out-patient basis) • 1 x eye test per insured person per year • Frames and lenses (including contact lenses) every 2 years • Refractive Surgery	2 530	3 600	3 930	4 270	x
Specialised radiology (combined limit in-hospital and out-of-hospital)	✓	✓	✓	✓	x

ADDITIONAL BENEFITS

Funeral Cover (per insured life)	✓	✓	✓	✓	✓
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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