LESOTHO | Liberty Health Cover corporate and SME 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 Lesotho Loti (LSL)

Benefit plan	Plus Africa	Classic	Classic Saver	Traditional	Traditional Saver	Essence	Core Care
Region of cover	Africa, India and U.A.E	Lesotho and South Africa					
Network providers paid at Liberty Tariffs Overall limit	Premier Network Unlimited	Premier Network 2 150 000	Premier Network 2 150 000	Enhanced Network 1 050 000	Enhanced Network 1 050 000	Enhanced Network 640 000	Enhanced Network 1 050 000
Medical savings account	×	X	35% of annual premium per family	x	40% of annual premium per family	X	X
Day-to-day benefits (for conditions that generally appear	er suddenly progress rani	dly and are relatively sho			регіанііў		
GP and Specialist consultations	12 per annum	10 per annum	Tem daration)	8 per annum		6 per annum	
Out-of-hospital non-surgical procedures, such as applying plaster of paris and stitches	38 500	19 500		9 650		6 450	
Prescribed acute medication including vaccinations	12 000 OTC sub-limit of 945 per annum, maximum of 410 per claim	10 150 OTC sub-limit of 785 per annum, maximum of 315 per claim		7 100 OTC sub-limit of 635 per annum, maximum of 235 per claim		5 000 OTC sub-limit of 635 per annum, maximum of 175 per claim	
Basic radiology (e.g. basic x-rays) and pathology	22 500	10 500		7 100		5 000	
(e.g. blood tests) requested by a doctor Auxillary services such as physiotherapy, chiropractics and	4 250	2750	Daid from Madical	2 000	Daid from Madical	1850	
speech therapy Extender Benefit	2 750 per family per annum	2 350 per family per annum	Paid from Medical Savings Account	1800 per family per annum	Paid from Medical Savings Account	1250 per family per annum	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 during the course of your consultations Basic radiology 	24 500	10 550		7 000		5 000	
Subject to pre-authorisation, clinical treatment protocols and overall limit							
Optical benefits 1 x eye test per insured person per year			Paid from Medical		Paid from Medical		
Frames and lenses (including contact lenses) every 2 years	5 000	4 600	Savings Account	4 250	Savings Account	3 000	Х
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 Specialised dentistry	4100	3 000	Paid from Medical	3 250	Paid from Medical	3 100	×
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.	8 450	4 250	Savings Account	3 230	Savings Account	3 100	*
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	Paid from Medical	Subject to day-to-day benefits limit	Paid from Medical	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	Savings Account	Subject to chronic conditions benefits limit	Savings Account	Subject to chronic conditions benefits limit	*
Psychiatric hospitalisation	25 days per annum	20 days per annum	10 days per annum	20 days per annum			
Maternity benefits (subject to pre-authorisation and clin	ical funding protocols) • Consultations x 12	Consultations x 12					
Out-patient maternity care Antenatal consultations, ultrasounds and pathology services, including amniocentisis, are paid from this benefit Any additional maternity claims will be paid from the available	Ultrasound scans x 3 Laboratory tests such as rhesus blood group and amniocentesis (subject to	Ultrasound scans x 3 Laboratory tests such as rhesus blood group and amniocentesis (subject to	Paid from Medical Savings Account	10 550	Paid from Medical Savings Account	8 450	×
day-to-day benefits Out-patient high-risk pregnancies	pre-authorisation) Additional consultations	pre-authorisation) Additional consultations	Additional consultations		Additional consultations		
Subject to enrolment for case management	and ultrasound scans	and ultrasound scans	and ultrasound scans	D : 11: 6 !!	and ultrasound scans	D : 11: 6 !!	2 11 6 11
In-patient maternity – childbirth and management of high-risk pregnancies	Paid in full Subject to overall limit						
Neonatal care – incubator, phototherapy, congenital conditions, prematurity	845 000	490 000	490 000	340 000	340 000	245 000	340 000
Postnatal depression - medication, consultations, pathology	Subject to chronic conditions benefits limit	Subject to chronic conditions benefits limit	Paid from Medical Savings Account	Subject to chronic conditions benefits limit	Paid from Medical Savings Account	Subject to chronic conditions benefits limit	x
Hospital benefits (subject to pre-authorisation and clinic	al funding protocols)						
In-hospital accommodation, specialists, theatre, ward, radiology, pathology, acute dialysis and medicine costs	Paid in full Subject to overall limit (private ward limit of 3 300 per day)	Paid in full Subject to overall limit					
Rehabilitation, Private nursing and Hospice care	43 000 up to a maximum of 30 days	37 500 up to a maximum of 30 days	37 500 up to a maximum of 30 days	32 000 up to a maximum of 30 days	32 000 up to a maximum of 30 days	21 500 up to a maximum of 30 days	32 000 up to a maximum of 30 days
Specialised radiology - combined limit in and out of hospital	55 000 585 000 for	46 500 465 000 for	46 500 465 000 for	33 500 405 000 for	33 500 405 000 for	27 500 345 000 for	33 500 405 000 for
Prosthesis and devices - per prosthesis/device	Cochlear implants 84 500 for all other prosthesis	Cochlear implants 67 500 for all other prosthesis	Cochlear implants 67 500 for all other prosthesis	Cochlear implants 59 000 for all other prosthesis	Cochlear implants 59 000 for all other prosthesis	Cochlear implants 50 000 for all other prosthesis	Cochlear implants 59 000 for all other prosthesis
External medical appliances	265 000 for Hearing Aids 34 000 for Other appliances	130 000 for Hearing Aids 17 000 for Other appliances	130 000 for Hearing Aids 17 000 for Other appliances	91 000 for Hearing Aids 12 000 for Other appliances	91 000 for Hearing Aids 12 000 for Other appliances	77 000 for Hearing Aids 9 950 for Other appliances	91 000 for Hearing Aids 12 000 for Other appliances
Ambulance benefits (within region of cover) Emergency in-country ambulance services	Paid in full						
(mode determined by logistics)	Subject to overall limit						
Non-emergency ambulance and cross-border ambulance (mode to be determined by logistics, subject to pre-authorisation)	Paid in full Subject to overall limit						
Major diseases benefits (subject to pre-authorisation at Major diseases benefits limit	nd clinical funding protoc	ols) 845 000	845 000	635 000	635 000	560 000	635 000
Provision of treatment (subject to the major diseases benefits limit)	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	Paid subject to the major diseases benefit limit	Paid subject to the major diseases benefit limit
International benefits (subject to pre-authorisation and	clinical funding protocol	5)					
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.	Subject to the overall limit and appropriate sublimits.	Subject to the overall limit and appropriate sublimits.	Subject to the overall limit and appropriate sublimits.	Subject to the overall limit and appropriate sublimits.
Critical care In the case of a medically necessary, non-emergency life-threatening condition, where treatment for inpatient care is not available locally, cover includes: international travel/accommodation and foreign treatment costs (South Africa only).	Subject to the overall limit and appropriate sublimits.	Subject to the overall limit and appropriate sublimits.	Subject to the overall limit and appropriate sublimits.	Subject to the overall limit and appropriate sublimits.	Subject to the overall limit and appropriate sublimits.	Subject to the overall limit and appropriate sublimits.	Subject to the overall limit and appropriate sublimits.
Travel and accommodation costs per event Travel and accommodation cost applicable to emergency medical evacuations, critical care and hospital admissions or where the patient is a child or unable to travel without assistance.	Accommodation for one family member accompanying an insured person receiving care outside Lesotho. Up to a maximum of 5 nights. LSL245 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. LSL245 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. LSL245 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. LSL245 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. LSL245 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. LSL245 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. LSL245 per day for sundry costs (max 5 days)
Repatriation of mortal remains Applicable to international emergency medical evacuations and critical care cases only	17 000	17 000	17 000	17 000	17 000	17 000	17 000
FUNERAL BENEFIT The funeral benefit pays out a lump sum in the event of the death of the member, spouse, children or extended family members (if applicable)	15 000	15 000	15 000	15 000	15 000	15 000	15 000
LIBERTY WELLBEING AND DIGITAL TOOLS Note: If the start date of your health cover is after the start date of your employer's Libert	Access to digital tools include	Access to the Liberty Wellbeir ding a unique customer profile	via desktop login or the Liberty	pietion of health assessments a Health Mobile App (iOS and A	and easy, 24-hour access to clir ndroid).	nically approved health promot	tion material.

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

LESOTHO
Liberty Life Lesotho, Unit 39, Maseru Mall
Thetsane, Maseru, Lesotho
PO Box 115, Maseru, 100, Lesotho
T +266 2231 4589
E info@libertyhealth.net

Emergencies (24 hrs) +266 2231 4590

Pre-authorisation +266 2231 4590 membercare@libertyhealth.net

Post claims to the physical address above, or email: claims@libertyhealth.net

The Liberty Health Cover product is licenced in Lesotho by Liberty Life Lesotho Limited, Registration No. 50966.