

# LESOTHO | Liberty Health Cover corporate and SME benefit table 2023



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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
<b>Region of cover</b>	Africa, India and U.A.E	Lesotho and South Africa	Lesotho and South Africa	Lesotho and South Africa	Lesotho and South Africa	Lesotho and South Africa	Lesotho and South Africa
<b>Network providers paid at Liberty Tariffs</b>	Premier Network	Premier Network	Premier Network	Enhanced Network	Enhanced Network	Enhanced Network	Enhanced Network
<b>Overall limit</b>	Unlimited	2 000 000	2 000 000	1 000 000	1 000 000	600 000	1 000 000
<b>Medical savings account</b>	x	x	35% of annual premium per family	x	40% of annual premium per family	x	x
<b>Day-to-day benefits (for conditions that generally appear suddenly, progress rapidly and are relatively short in duration)</b>							
<b>GP and Specialist consultations</b>	12 per annum	10 per annum		8 per annum		6 per annum	
<b>Out-of-hospital non-surgical procedures, such as applying plaster of paris and stitches</b>	36 000	18 000		9 000		6 050	
<b>Prescribed acute medication including vaccinations</b>	11 000 OTC sub-limit of 885 per annum, maximum of 385 per claim	9 500 OTC sub-limit of 735 per annum, maximum of 295 per claim	Paid from Medical Savings Account	6 650 OTC sub-limit of 595 per annum, maximum of 220 per claim	Paid from Medical Savings Account	4 650 OTC sub-limit of 595 per annum, maximum of 165 per claim	x
<b>Basic radiology (e.g. basic x-rays) and pathology (e.g. blood tests) requested by a doctor</b>	21 000	9 500		6 650		4 650	
<b>Auxiliary services such as physiotherapy, chiropractics and speech therapy</b>	3 950	2 550		1 850		1 750	
<b>Extender Benefit</b>	2 550 per family per annum	2 200 per family per annum		1 700 per family per annum		1 150 per family per annum	
<b>Optical benefits</b>							
1 x eye test per insured person per year Frames and lenses (including contact lenses) every 2 years	4 650	4 300	Paid from Medical Savings Account	3 950	Paid from Medical Savings Account	2 800	x
<b>Dental benefits (subject to clinical funding protocols)</b>							
<b>Basic dentistry</b> Dental consultations, basic dental procedures including removal of teeth, fillings, preventative treatment, scaling and polishing and x-rays	3 850	2 800					
<b>Specialised dentistry</b> 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.	7 900	3 950	Paid from Medical Savings Account	3 050	Paid from Medical Savings Account	2 900	x
<b>Psychological wellbeing benefits</b>							
<b>Psychologist/social worker consultations and prescribed acute medication</b>	Subject to day-to-day benefits limit	Subject to day-to-day benefits limit	Paid from Medical Savings Account	Subject to day-to-day benefits limit	Paid from Medical Savings Account	Subject to day-to-day benefits limit	x
<b>Ongoing psychiatric consultations and associated chronic medication</b>	Subject to chronic conditions benefits limit	Subject to chronic conditions benefits limit		Subject to chronic conditions benefits limit		Subject to chronic conditions benefits limit	
<b>Psychiatric hospitalisation</b>	25 days per annum	20 days per annum	20 days per annum	20 days per annum	20 days per annum	10 days per annum	20 days per annum
<b>Maternity benefits (subject to pre-authorisation and clinical funding protocols)</b>							
<b>Out-patient maternity care</b> 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	• Consultations x 12 • Ultrasound scans x 3 • Laboratory tests such as rhesus blood group and amniocentesis (subject to pre-authorisation)	• Consultations x 12 • Ultrasound scans x 3 • Laboratory tests such as rhesus blood group and amniocentesis (subject to pre-authorisation)	Paid from Medical Savings Account	9 850	Paid from Medical Savings Account	7 900	x
<b>Out-patient high-risk pregnancies</b> 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		
<b>In-patient maternity - childbirth and management of high-risk pregnancies</b>	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	Paid in full Subject to overall limit	Paid in full Subject to overall limit
<b>Neonatal care - incubator, phototherapy, congenital conditions, prematurity</b>	790 000	460 000	460 000	320 000	320 000	230 000	320 000
<b>Postnatal depression - medication, consultations, pathology</b>	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
<b>Chronic conditions benefits (subject to pre-authorisation and clinical funding protocols for conditions that require medication and treatment for more than three continuous months)</b>							
<b>GP and specialist consultations, prescribed medication, radiology and pathology (e.g. blood tests)</b>	23 000	9 850	Paid from Medical Savings Account	6 550	Paid from Medical Savings Account	4 650	x
<b>Hospital benefits (subject to pre-authorisation and clinical funding protocols)</b>							
<b>In-hospital accommodation, specialists, theatre, ward, radiology, pathology, acute dialysis and medicine costs</b>	Paid in full Subject to overall limit (private ward limit of 3 100 per day)	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	Paid in full Subject to overall limit
<b>Rehabilitation, Private nursing and Hospice care</b>	40 000 up to a maximum of 30 days	35 000 up to a maximum of 30 days	35 000 up to a maximum of 30 days	30 000 up to a maximum of 30 days	30 000 up to a maximum of 30 days	20 000 up to a maximum of 30 days	30 000 up to a maximum of 30 days
<b>Specialised radiology - combined limit in and out of hospital</b>	51 500	43 500	43 500	31 500	31 500	25 500	31 500
<b>Prosthesis and devices - per prosthesis/device</b>	79 000	63 000	63 000	55 000	55 000	46 500	55 000
<b>External medical appliances</b>	16 000	7 900	7 900	5 500	5 500	4 650	5 500
<b>Ambulance benefits (within region of cover)</b>							
<b>Emergency road ambulance services</b>	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	Paid in full Subject to overall limit	Paid in full Subject to overall limit
<b>Non-emergency road ambulance, cross-border ambulance (subject to pre-authorisation)</b>	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	Paid in full Subject to overall limit	Paid in full Subject to overall limit
<b>Major diseases benefits (subject to pre-authorisation and clinical funding protocols)</b>							
<b>Major diseases benefits limit</b>	1 150 000	790 000	790 000	595 000	595 000	525 000	595 000
<b>Provision of treatment (subject to the major diseases benefits limit)</b>	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	Oncology treatment, organ transplants and renal dialysis	Oncology treatment, organ transplants and renal dialysis
<b>International benefits (subject to pre-authorisation and clinical funding protocols)</b>							
<b>International emergency medical evacuations</b> 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.
<b>Critical care</b> 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.
<b>Travel and accommodation costs per event</b> 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. LSL230 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. LSL230 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. LSL230 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. LSL230 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. LSL230 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. LSL230 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. LSL230 per day for sundry costs (max 5 days)
<b>Repatriation of mortal remains</b> Applicable to international emergency medical evacuations and critical care cases only	16 000	16 000	16 000	16 000	16 000	16 000	16 000
<b>FUNERAL BENEFIT</b> 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
<b>LIBERTY WELLBEING AND DIGITAL TOOLS</b>	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).						

**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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