



LIBERTY

In it with you

Liberty Health Cover Mini Membership guide 2023.

Welcome to Liberty Health Cover.

We are passionate about providing access to reliable, comprehensive, quality healthcare. By joining us you and your family:



Enjoy **comprehensive benefits** that ensure access to quality healthcare when you need it.



Receive **treatment on credit** (without having to pay cash upfront), with 96% of claims paid directly to our network of contracted healthcare providers.



Have peace of mind with dedicated in-country **customer care support** and access to **24-hour assistance** for medical emergencies.



Have access to secure and **proactive online health tools** and **self-service facilities**, 24 hours a day. Visit www.libertyhealth.net to register.

For more details, please refer to our full Membership Guide, available from the 'downloads' section on our website, www.libertyhealth.net.



How to access your cover.

Your membership card gives you access to comprehensive cover at our network of contracted healthcare providers.

You will receive a personalised membership card for you and your registered dependants on Liberty Health Cover. Keep your card safe and always take it with you. Your card is recognised and trusted by our network of contracted healthcare providers and provides access to care when you need it.

What to do if your personal details change.

We always need your latest email address and primary or main mobile number to reach you with important information.



If your details change, contact your HR department immediately to update the details we have for you on our system and if necessary to send you a new card.

What to do if your card is lost or stolen.

- Inform us immediately by either calling or emailing your local Liberty Health Cover office.
- If you don't, you may be held personally responsible for any claims paid through misuse of your card.

When your cover ends you must return your card to us.

- Your membership card remains the property of Liberty Health Cover and you must please return it to us or to your HR office if your cover ends.
- If your card is used to visit a healthcare provider after your cover has come to an end, you will be responsible for these costs.

Fraud.

What happens if your card is used fraudulently?

If any claim you submit is found to be false or fraudulent, or if you/your dependants/anyone acting on your behalf use fraudulent means to obtain benefits under your health insurance cover:

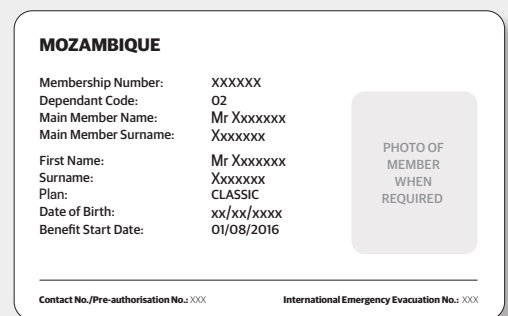
- your cover may be cancelled immediately and you may lose all your benefits and premiums paid, or
- your employer's entire policy may be cancelled immediately and all benefits and premiums paid may be lost, and
- we may also take legal action.



How to report suspected fraud.

To report suspected fraud, or any unethical behaviour related to your Liberty Health Cover, please:

- email: fraud@libertyhealth.net, or
- call us on the anonymous hotline number for your country. To find the number, go to www.libertyhealth.net and click on the 'Fraud' link at the bottom of your country's web page. Once you are on the 'Fraud' page, scroll to the bottom to find the hotline for your country.



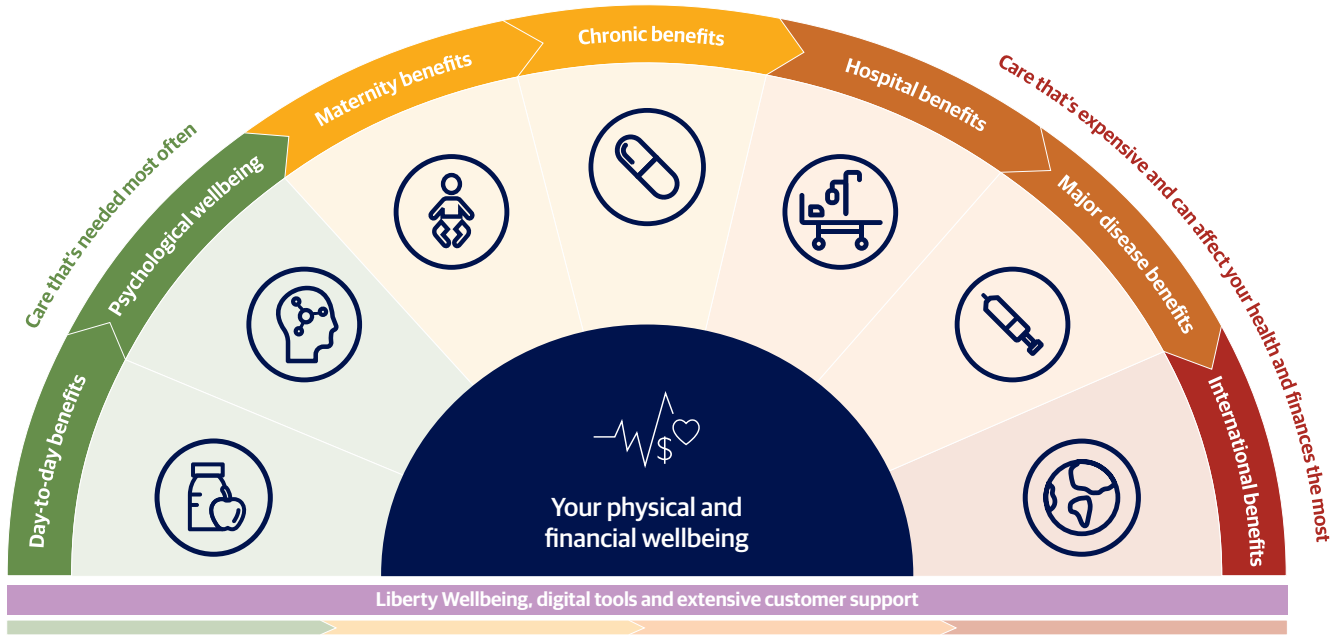
* Please note that membership cards may look different in certain countries.



Access the care you need.

With access to comprehensive benefits you can have peace of mind about both your physical and financial wellbeing.

You have benefits for all these categories of cover:



DAY-TO-DAY BENEFITS	MATERNITY BENEFITS	HOSPITAL BENEFITS	INTERNATIONAL BENEFITS
Take care of your everyday medical needs such as GP consultations, medication, dental and optical care	Access all the care you and your baby need during and after your pregnancy	Get comprehensive cover for the care, services and facilities you need, whether for emergencies or planned hospital admissions	Access international benefits on select plans that offer you a choice in location of care. Have peace of mind that when medically necessary, critical care and emergency medical evacuation are available.
PSYCHOLOGICAL WELLBEING	CHRONIC BENEFITS	MAJOR DISEASE BENEFITS	
Get the necessary treatment to manage your mental health and to live life optimally	Get the necessary care to manage over 100 chronic conditions, such as diabetes, hypertension, HIV and asthma	Access the specialist, long-term care you need for major diseases and procedures like cancer, kidney disease and organ transplants.	

Benefits are paid up to the relevant benefit limit shown in your Liberty Health Cover Benefit Table.

To view information on the benefits for your plan or to find a list of Network providers in your area, please:

- register or log in to your online profile on our website (www.libertyhealth.net) or via the Liberty Health App (see page 7 for details on how to register),
- contact your Human Resources (HR) department, or
- call your local Liberty Health Cover office – see page 8 of this guide for their details.



Using a Network versus a non-Network provider.

- If you use a Network provider, Liberty Health will pay the healthcare provider directly.
- If you use a provider outside the Network, you may have to pay for treatment upfront. If your benefit plan covers treatment from non-Network providers, you can submit a claim for a refund. (See page 6 for instructions on how to submit a claim.)



Pre-authorisation.

Have peace of mind that you will receive the most appropriate and cost-effective treatment.

It's important to know when and how to get pre-authorisation, so that you can have peace of mind that the costs of the benefits and services you require will be paid. If you do not get pre-authorisation, your claim may not be paid.

Pre-authorisation is granted based on the following:

- The validity of your membership
- Clinical appropriateness of the treatment
- The level of care and the length of your hospital stay (where applicable)
- The Liberty Health Cover policy conditions
- Evidence-based clinical guidelines
- Your available benefits



How to obtain pre-authorisation.

Unless a specific process for obtaining pre-authorisation is given in any of the benefit sections below, please follow this process to obtain pre-authorisation.

You or your treating provider can contact us to obtain pre-authorisation by:

- calling your local Liberty Health Cover office, or
- emailing the required information to us.

For contact details visit www.libertyhealth.net, or see the 'Contact us' section at the end of this guide (page 8).



Pre-authorisation does not necessarily guarantee we'll pay for the treatment.

While we make every effort to ensure claims are paid, for example by confirming the validity of your membership and your available benefits, we may not cover the costs if events beyond our control affect the validity of the claim.

Hospital treatments and services.

Treatments and services that we cover once you have pre-authorisation.

- Hospitalisation and standard in-hospital procedures
- Dental surgery, maxillofacial surgery, orthodontics and any specialised dentistry that requires hospitalisation
- Hearing aids, wheelchairs, blood pressure monitors, orthopaedic boots and glucometers
- Cancer/oncology treatment
- Renal (kidney) dialysis
- Organ transplants (selected benefit plans only)
- Specialised radiology, including CT and MRI scans
- Emergency medical transfers, including evacuations



You must get pre-authorisation at least **48 hours before** your planned treatment or before you are admitted to hospital. This gives us time to ask for any additional information from you we may need.

Please refer to our full Membership Guide (available from the 'downloads' section on our website) for more details on the information that your healthcare provider should give us.



Medical emergencies.

What qualifies as a medical emergency?

An emergency medical condition is a condition that:

- happens suddenly and unexpectedly, and
- requires immediate medical or surgical treatment where failure to provide this treatment would result in serious impairment of bodily functions, serious dysfunction of a bodily organ or part, or would place the person's life in danger.

How to obtain pre-authorisation.

Please contact us according to the instructions on the previous page:

- within 48 hours of the event, or
- if the incident occurs on a weekend or public holiday, contact us on the next working day.



If you are unable to contact us because of the nature of the emergency, a friend or family member can contact us for pre-authorisation.

Oncology benefits.

How to register for the Oncology Benefit Programme.

If you are diagnosed with a cancerous condition, together with your doctor or specialist, please send the following to oncology@libertyhealth.net or to your local Liberty Health Cover office:

- A completed application form (available on our website, or by emailing oncology@libertyhealth.net)
- The histology report (laboratory results confirming the cancer diagnosis)

Please update us on changes to your treatment.

You and your doctor or specialist should update us on any changes to your treatment. This will help to ensure that your related claims are paid from the appropriate and available benefits.



Chronic medication.

How to register for the Chronic Medicine Benefit.

By registering for the benefit you can prevent claims for your chronic condition being paid from your day-to-day benefits, so your day-to-day benefits last longer. Once the registration has been processed, treatment for your chronic condition will be pre-authorised.

1. Get the application form

You or your doctor can obtain a Chronic Medicine application form by:

- emailing chronicmedicine@libertyhealth.net, or
- requesting it from your local Liberty Health Cover office, or
- accessing it from the 'downloads' section of our website.

2. Complete the form

Complete the form together with your doctor or specialist.

3. Submit the form

Submit the completed form to chronicmedicine@libertyhealth.net or to your local Liberty Health Cover office.

Once you have pre-authorisation, the medicines can be dispensed, provided you have a handwritten script from your doctor for the medicines.



Why would the request to pre-authorise my chronic medicines be declined?

Your request might be declined if:

- the medication is not funded as per our clinical funding protocols,
- insufficient information has been supplied, or
- the condition you are applying for is not included on the chronic disease list (see our full Membership Guide, available from the 'downloads' section on our website, for our full chronic disease list).

If your case was declined because of insufficient information, your doctor should provide the requested information to us and we will reconsider your request.



What to do if your chronic medication changes.

- Notify your local Liberty Health Cover office of the change.
- Your chronic medicine specialist will tell you the requirements, if any, to have the changes activated. We may require additional documents to approve the request.
- Keep in mind that the new medicine may not be covered, for example, if it falls outside our clinical funding protocols.



How to submit a claim for reimbursement.

Simply follow the steps below to submit a claim.

When to claim.

- If you visit a **Network healthcare provider**, the provider will claim directly from us. The provider should give you a copy of the claim to check if the details (see below) are correct before submitting it to us to process for payment. You can also keep this copy for your records.
- If you visit a **non-Network healthcare provider**, you will need to pay for treatment upfront (from your own pocket). If your benefit plan covers treatment from non-Network providers, you can **submit a claim for a refund** using the following steps:

01



Check the details on the healthcare provider invoice.

It is your responsibility to verify that you received the treatment that appears on the invoice – only sign the invoice if you agree with the details.

Details that must be on the invoice/claim.

Having these on the claim helps us to process them quickly and correctly:

- Your policy/membership number
- Patient's name, surname and date of birth
- Name of treating healthcare provider
- Facility name (for example, Africa Medical Clinic)
- Pre-authorisation number (if applicable)
- Date of service (for hospitalisation, please include admission and discharge dates)
- Diagnosis
- Detailed description of treatment/service/medication for each item received/provided, including the quantity (for example 30 Disprin, 3 days in general ward)
- Tariff code (if available)
- Amount charged per service or treatment received
- Total charged (must be the sum of the individual amounts charged on the account)
- Date of the account and account reference number
- Signature of the insured person, or the principal member if the insured person is a minor
- Signature of the healthcare provider

The claim must be clear, detailed and easy to read.

02



Check that we have your correct bank details so electronic payment from us reaches you.

You can check the banking details we have on record for you by logging on to your online profile (see page 7) or calling your local Liberty Health Cover office. If you need to add or change your bank account details, please send the following (not older than three months) to membership@libertyhealth.net:

- A completed 'Bank Details Form' (get it from the 'downloads' section of our website, request it from membership@libertyhealth.net, or contact your local Liberty Health Cover office)
- A certified copy of your ID, passport or driver's licence

Please note: If the account holder is not a member of Liberty Health Cover, the principal member must please provide us with a signed letter to give consent to pay the refund into the third party's bank account.

03



Submit your claim within 120 days from the treatment or discharge date.

Email refundclaims@libertyhealth.net or post/hand-deliver the following documents to your local Liberty Health Cover office:

1. The signed invoice from your healthcare provider
2. Proof of payment*

Mozambique, Malawi and Uganda members can submit their claims via our online digital portal.

* Proof of payment.

We only accept the following as proof of payment:

- A copy of the electronic (EFT) payment that can be downloaded from your online banking profile.
- A debit/credit card transaction slip/machine printout.
- A cash receipt, which is a printed or written document showing the amount of cash received from a customer during a cash sale transaction.

Please note that we do not accept a written note indicating 'paid' or a 'paid' stamp. We may also request further documents to support your claim for reimbursement, and when necessary, we may need to verify receipt of services and treatment with your healthcare provider.

Posted/hand-delivered claims.

If you post or hand-deliver your claim, make a copy of the documents for your records.

Online claims (Mozambique, Malawi and Uganda).

To submit a claim, register or log in to your online profile, then go to the 'Claims' section on the Home page.

If you need assistance or have any queries, please contact your local Liberty Health Cover office (see page 8).

04



We will pay your claim according to your available benefits and the Liberty Health Cover policy conditions.

When can you expect payment?

Payments are made weekly and may only reflect in your bank account after a few days, depending on which bank you use. A delay may be experienced in finalising your claim, should additional information be requested/required.

What if your claim is not paid?

If your claim is only partially paid or rejected as incorrect or unacceptable for payment, please check your statement and resubmit a correct claim within 60 days of the date of notification of rejection.

How will you know if your claims were paid?

- **Check your emailed statements**
You will get a weekly statement showing all claims that were processed during that week. (Please make sure that we have your correct email address so that these statements reach you.)

If you are not receiving your statements via email, please contact your local Liberty Health Cover office (see page 8.)
- **Log on to your online profile**
You can also view your claims history on your secure online profile.



How to register for our online self-service facilities.

Available platforms.

Our website.

Visit www.libertyhealth.net to register for the secure online self-service facility

The Liberty Health App.

You can download the app from the Google Play or iOS app stores by clicking on the relevant icons:



How to register.

1. Click on 'Register'.
2. Enter your personal details, as they appear on your Liberty Health Cover membership card or membership certificate, and choose a password.

If you need help with the registration process, call your local Liberty Health Cover office or email us at info@libertyhealth.net

Contact us.



Please remember to use our online self-service facilities to save you time on general queries and to see if your claims have been paid (see page 7 for more information).



Keep an eye on our website for updated contact details

If you have difficulty reaching our offices, please visit our website at www.libertyhealth.net. We will post any new contact details on your country's 'Contact us' page.

GHANA

Apex Health Insurance Ltd,
#7 Nii Yemoh Avenue, Boundary Road,
Shiashie – East Legon
PO Box ST 237, Accra, Ghana,
Cantonments
T +233 501 683 914 / 0800 400 600
E info@apexhealthghana.com
Emergencies (24 hrs)
+233 501 683 914 / 0800 400 600
Pre-authorisation +233 501 304 156 /
0800 400 600
Membership
membership@apexhealthghana.com

KENYA

Heritage Insurance Company Ltd,
Liberty House, Processional Way
PO Box 30390 00100 –
GPO, Nairobi, Kenya
T +254 711 076 333 /
+254 20 278 3000 / +254 711 039 000
E info@heritage.co.ke
Emergencies (24 hrs)
+254 711 076 333 / +254 733 750 004
+254 728 111 001 / 002
+254 733 550 050 / +254 728 607 689
Pre-authorisation
+254 711 076 333 / +254 733 750 004
+254 728 111 001 / 002
+254 733 550 050 / +254 728 607 689
healthcareundertakings@heritage.co.ke

LESOTHO

Liberty Life Lesotho, Unit 39, Maseru
Mall Thetsane, Maseru, Lesotho
T +266 2231 4589 / +266 6326 4438
E info@libertyhealth.net
Emergencies (24 hrs) +266 2231 4590
Pre-authorisation +266 2231 4590
membercare@libertyhealth.net

MALAWI

Libertas General Insurance Company
Limited, Ground Floor, Unit House,
Victoria Avenue, Malawi
PO Box 354, Blantyre, Malawi
T +265 1833 393 / +265 1830 610 /
+265 1754 810
E malawi@libertyhealth.net
Emergencies (24 hrs)
+265 993 921 957
Pre-authorisation +265 993 921 957
membercare@libertyhealth.net
Membership
+265 999 523 103 / +265 999 880 219

MAURITIUS

Liberty Health C/O Health Department,
Swan General Ltd, 7th Floor, Swan
Centre, Intendance Street, Port Louis,
Mauritius
T +230 212 2600 / +230 5941 7533
E mauritiush@libertyhealth.net
Pre-authorisation
Office hours: +230 212 2600

MOZAMBIQUE

Liberty Blue, Avenida 24 de Julho, N^o
11, Store 17, 1st Floor, Polana Shopping
Center, Maputo, Mozambique
T +258 84 390 1289 / +258 83 951 0200
+258 84 373 7376/7 / +258 800 30 3333
+258 82/84 586 5665
E mozambique@libertyhealth.net
Emergencies (24 hrs)
+258 84 390 1289 /
+258 800 30 3333 /
+258 84 373 7376/7
Pre-authorisation
preauthmoz@libertyhealth.net

NIGERIA

Total Health Trust, 2 Marconi Road,
Palmgrove Estate, Lagos, Nigeria
T 0700 TOTAL HT
(+234 (0) 700 868 2548)
E contactcentre@totalhealthtrust.com
Pre-authorisation
0700 TOTAL HT (0700 868 2548)
WhatsApp: +234 904 884 9601
casemanagement@totalhealthtrust.com

SOUTH AFRICA

Liberty Health, Liberty Building Estuary
Precinct, Century Boulevard Century
City, 7441, Western Cape, South Africa
T Office hours: +27 21 657 2666
After hours: +27 21 657 7740
E info@libertyhealth.net
Pre-authorisation
membercare@libertyhealth.net
Oncology pre-authorisation
oncology@libertyhealth.net
Chronic medication
pre-authorisation
chronicmedicine@libertyhealth.net

TANZANIA

Strategis Insurance (T) Limited, Plot No.
1520, Bains Avenue, 1st Floor, Masaki
Ikon Building, Msasani Peninsula
PO Box 7893, Dar es Salaam, Tanzania
T +255 222 6025 70/74/81
E insurance@strategis.co.tz
Emergencies (24 hrs)
+255 762 999 970
Pre-authorisation
+255 677 744 344 / +255 753 844 083 /
+255 776 331 998 / +255 788 483 043
(weekends and public holidays only)
approvals@strategis.co.tz

UGANDA

Liberty Life Assurance Uganda Limited,
Madhvani Building, Plot 99-101,
Buganda Road, Kampala, Uganda
PO Box 22938, Kampala, Uganda
T +256 414 233 794 / +256 312 202 695
+256 414 231 983 / +256 312 304 000
E operationsuganda@libertyhealth.net
Emergencies (24 hrs)
Members: +256 779 558 733
Providers: +256 772 578 323
Pre-authorisation
+256 414 233 794 / +256 779 558 733
operationsuganda@libertyhealth.net

ZAMBIA

Liberty Life Insurance, Kwacha Pension
House, 1st Floor, Stand 4604, Tito Road,
Rhodes Park, Lusaka, Zambia
T +260 211 255 540 / +260 211 255 541 /
+260 211 255 536
E zambia@libertyhealth.net
Emergencies (24 hrs)
+260 955 256 871 / +260 965 205 113 /
+260 970 636 660
Pre-authorisation
+260 211 255 540/541/536
preauthzam@libertyhealth.net



24-hour international medical emergency evacuation on select plans: +27 21 657 7740

FIND US IN AFRICA

Contact us to find out more about how we can help meet your health insurance needs
You can contact your in country office using the details above, or the Liberty Health
head office at the contact details below.

Liberty Health head office

T +27 (0) 21 657 7740 / +27 (0) 21 657 2300
E info@libertyhealth.net / sales@libertyhealth.net

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1 Ameshoff Street, Braamfontein, Johannesburg, South Africa, 2001

TS, 21 December 2022

New social media channels for engagement with all our stakeholders.

We are continuously improving access to news and information via our digital and social media channels. In addition to LinkedIn, we've also introduced a Facebook page. Please make sure to like and to follow us on these platforms:

