

# NIGERIA | 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 NGN.

PRODUCT OPTION	Lite	Classic	Classic Evacuation	Classic Roaming	Plus	Elite
Region of cover	In-country only	In-country only	Out-patient and In-patient: In-country only Emergency Evacuation: Africa and India	Out-patient care: In-country only In-patient care: Africa and India	Africa and India	Worldwide (excluding North America)
Network Providers paid at Liberty Tariffs	Restricted Network of providers only No payment for services outside Network	Standard Network	Standard Network	Standard Network	Enhanced Network	Enhanced Network
Overall limit (all sub limits below accumulate to the overall limit)	6 000 000	36 000 000	36 000 000	150 000 000	150 000 000	300 000 000

HOSPITAL BENEFITS (In-patient) Subject to pre-authorisation and clinical funding protocols						
In-hospital accommodation, specialists, theatre, ward, acute dialysis and medicine costs (Subject to overall limit)	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Ambulance services (Subject to overall limit)	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Intensive care (Subject to overall limit)	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Specialised radiology (combined limit in-hospital and out-of-hospital)	240 000	460 000	460 000	780 000	780 000	940 000
Neonatal care (incubator, phototherapy, congenital conditions, prematurity)	1 600 000	6 000 000	6 000 000	22 000 000	22 000 000	30 000 000
Psychiatric hospitalisation	5 days per annum	10 days per annum	10 days per annum	14 days per annum	14 days per annum	20 days per annum
Prosthesis and devices (per prosthesis/device)	480 000	940 000	940 000	1 200 000	1 200 000	1 600 000
External medical appliances	60 000	80 000	80 000	160 000	160 000	300 000

MAJOR DISEASE BENEFITS Subject to pre-authorisation and clinical funding protocols						
Overall limit	3 000 000	6 000 000	6 000 000	22 000 000	22 000 000	30 000 000
Oncology (Cancer) treatment	✓	✓	✓	✓	✓	✓
Organ transplants	x	✓	✓	✓	✓	✓
Renal (Kidney) dialysis	x	✓	✓	✓	✓	✓

INTERNATIONAL EMERGENCY EVACUATION BENEFITS Subject to pre-authorisation and clinical funding protocols						
International emergency evacuation and repatriation	x	x	US\$200 000 (Africa and India)	Subject to overall limit	Subject to overall limit	Subject to overall limit
Compassionate travel for one person accompanying an evacuated person	x	x	Return economy class ticket and accommodation up to a maximum of 14 days. US\$200 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)	Return economy class ticket and accommodation up to a maximum of 14 days. Up to US\$300 per day for sundry costs (max 14 days)
Repatriation of mortal remains following an international emergency evacuation	x	x	940 000	940 000	940 000	3 000 000

MATERNITY BENEFITS Subject to pre-authorisation and clinical funding protocols						
Maternity at a hospital that is registered with the Liberty Health Cover Maternity Programme (includes natural birth and non-elective C-section delivery, pre- and post-natal care)	✓	✓	✓	✓	✓	✓
Maternity if not registered with the Liberty Health Cover Maternity Programme paid up to Liberty Tariffs to the maximum indicated (includes natural birth and non-elective C-section delivery, pre- and post-natal care)	x	Normal delivery (including pre- and post-natal care and childbirth) 180 000 Childbirth by C-section (where medically necessary and subject to pre-authorisation) up to a maximum of 240 000	Normal delivery (including pre- and post-natal care and childbirth) 180 000 Childbirth by C-section (where medically necessary and subject to pre-authorisation) up to a maximum of 240 000	Normal delivery (including pre- and post-natal care and childbirth) 180 000 Childbirth by C-section (where medically necessary and subject to pre-authorisation) up to a maximum of 360 000	Normal delivery (including pre- and post-natal care and childbirth) 180 000 Childbirth by C-section (where medically necessary and subject to pre-authorisation) up to a maximum of 360 000	Normal delivery (including pre- and post-natal care and childbirth) 220 000 Childbirth by C-section (where medically necessary and subject to pre-authorisation) up to a maximum of 610 000
Maternity complications (Subject to overall limit)	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Childbirth services accessed outside the applicable region of cover per option (refunded to member only)	x	Normal delivery (including pre- and post-natal care and childbirth) up to a maximum of 180 000. Childbirth by C-section (where medically necessary and subject to pre-authorisation) up to a maximum of 240 000	Normal delivery (including pre- and post-natal care and childbirth) up to a maximum of 180 000. Childbirth by C-section (where medically necessary and subject to pre-authorisation) up to a maximum of 240 000	Normal delivery (including pre- and post-natal care and childbirth) up to a maximum of 180 000. Childbirth by C-section (where medically necessary and subject to pre-authorisation) up to a maximum of 360 000	Normal delivery (including pre- and post-natal care and childbirth) up to a maximum of 180 000. Childbirth by C-section (where medically necessary and subject to pre-authorisation) up to a maximum of 360 000	Normal delivery (including pre- and post-natal care and childbirth) up to a maximum of 220 000. Childbirth by C-section (where medically necessary and subject to pre-authorisation) up to a maximum of 610 000

DAY-TO-DAY BENEFITS (Out-patient)						
GP Consultations: Unlimited GP Consultations in accredited Network of General Practitioners at the negotiated Liberty Tariff.	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Acute Conditions Benefit (conditions that generally appear suddenly, progress rapidly and are relatively short in duration) • Non-network GP consultations, specialist consultations • 1 x eye test per insured person per year • Prescribed medication • Diagnostic tests • Pathology, i.e., blood tests requested by a doctor during 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-authorised at designated centres	351 000	448 000	448 000	448 000	678 000	835 000
Chronic Conditions Benefit (conditions that require medication and treatment for more than three continuous months) • Non-network GP consultations, specialist consultations • Prescribed chronic medication • Pathology, i.e., blood tests requested by a doctor during the course of your consultations • Basic radiology	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Subject to pre-authorisation, clinical funding protocols and overall limit	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Dentistry	Paid in Full Sub limit for specialised dentistry 194 000	Paid in Full Sub limit for specialised dentistry 303 000	Paid in Full Sub limit for specialised dentistry 303 000	Paid in Full Sub limit for specialised dentistry 303 000	Paid in Full Sub limit for specialised dentistry 484 000	Paid in Full Sub limit for specialised dentistry 587 000
Optical benefits • Frames and lenses (including contact lenses) once every 2 years	39 900	54 500	54 500	54 500	84 700	116 000
Specialised radiology (combined limit in and out of hospital)	✓	✓	✓	✓	✓	✓

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