



**LIBERTY**

## **LIBERTY HEALTH COVER**

Corporate and SME Benefit Table  
2018/19  
Zambia

### **ZAMBIA**

Liberty Health  
Liberty Life Insurance, Kwacha Pension House  
1st Floor, Stand 4604, Tito Road,  
Rhodes Park, Lusaka, Zambia  
T +260 211 255 540/1/36  
E zambia@libertyhealth.net

### **Emergencies (24 hrs)**

+260 950 397 863  
+260 965 205 113  
+260 955 256 871

### **Pre-authorisation**

+260 211 255 540/1/36  
membercare@libertyhealth.net

### **Post claims to the physical address above, or email:**

claims@libertyhealth.net

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Zambia by Liberty Life Insurance Zambia.  
Registration No. 120485.

# ZAMBIA | LIBERTY HEALTH COVER CORPORATE AND SME BENEFIT TABLE 2018/19

This table will give you an overall summary of the benefits we offer. Please read this summary together with the Liberty Health Cover Policy Document, which provides more detailed information.

**Annual benefits limit per insured person per year in ZMW.**



**LIBERTY**

PRODUCT OPTION	Lite	Classic	Classic Evacuation	Enhanced	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	In-country only	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	Enhanced Network	Enhanced Network	Enhanced Network	Enhanced Network
Overall limit	185 000	1 000 000	1 000 000	1 850 000	4 500 000	4 500 000	9 000 000

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

In-hospital accommodation, specialists, theatre, ward, acute dialysis and medicine costs (Subject to overall limit)	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Emergency ambulance services (Subject to overall limit)	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Intensive care (Subject to overall limit)	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Specialised radiology (combined limit in-hospital and out-of-hospital)	6 900	13 300	13 300	18 600	23 900	23 900	29 200
In-patient maternity (childbirth) (Subject to overall limit)	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Neonatal care (incubator, phototherapy, congenital conditions, prematurity)	45 100	186 000	186 000	450 000	690 000	690 000	950 000
Psychiatric hospitalisation	5 days per annum	10 days per annum	10 days per annum	14 days per annum	14 days per annum	14 days per annum	20 days per annum
Prosthesis (per prosthesis)	13 300	26 500	26 500	31 800	37 100	37 100	47 700
External medical appliances	1 860	2 400	2 400	3 200	4 800	4 800	9 300

## MAJOR DISEASE BENEFITS Subject to pre-authorisation and clinical treatment protocols

Overall limit	95 000	190 000	190 000	480 000	660 000	690 000	950 000
Cancer treatment	✓	✓	✓	✓	✓	✓	✓
Organ transplants	x	✓	✓	✓	✓	✓	✓
Kidney dialysis	x	✓	✓	✓	✓	✓	✓

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

International emergency evacuation and repatriation	x	x	US\$200 000 (Africa and India)	x	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)	x	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\$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	26 500	x	26 500	26 500	95 400

## DAY-TO-DAY BENEFITS (Out-patient)

<b>Acute Conditions Benefit</b> (conditions that generally appear suddenly, progress rapidly and are relatively short in duration) <ul style="list-style-type: none"> <li>• Consultations (GP and specialist)</li> <li>• Prescribed medication</li> <li>• Diagnostic tests</li> <li>• Pathology, i.e., blood tests requested by a doctor during the course of your consultations</li> <li>• Basic radiology, i.e., out-of-hospital basic x-rays</li> <li>• Out-of-hospital non-surgical procedures, such as applying plaster of paris and stitches</li> <li>• Auxillary services such as physiotherapy, chiropractics and speech therapy</li> <li>• Annual medical examination pre-authorised at designated centres</li> </ul>	5 000	7 000	7 000	9 000	7 000	14 000	25 000
	Sub limit for acute medication 2 000	Sub limit for acute medication 2 500	Sub limit for acute medication 2 500	Sub limit for acute medication 3 500	Sub limit for acute medication 2 500	Sub limit for acute medication 5 000	Sub limit for acute medication 9 500
<b>Chronic Conditions Benefit</b> (conditions that require medication and treatment for more than three continuous months) <ul style="list-style-type: none"> <li>• Consultations (GP and specialist)</li> <li>• Prescribed chronic medication</li> <li>• Pathology, i.e., blood tests requested by a doctor during the course of your consultations</li> <li>• Basic radiology</li> </ul> <b>Subject to pre-authorisation, clinical treatment protocols and overall limit</b>	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
<b>Out-patient maternity care</b> Note: If this benefit is depleted, then claims will be paid from the available Day-to-Day Benefits	3 700	5 000	5 000	6 000	5 000	7 500	10 000
<b>Dentistry</b>	1 860 Basic dentistry only	Unlimited Sub limit for specialised dentistry 4 800	Unlimited Sub limit for specialised dentistry 4 800	Unlimited Sub limit for specialised dentistry 5 600	Unlimited Sub limit for specialised dentistry 4 800	Unlimited Sub limit for specialised dentistry 7 000	Unlimited Sub limit for specialised dentistry 9 300
<b>Optical benefits</b> <ul style="list-style-type: none"> <li>• 1 x eye test per insured person per year</li> <li>• Frames and lenses (including contact lenses) every 2 years</li> </ul>	1 200	2 000	2 000	2 700	2 000	3 200	4 200
<b>Specialised radiology</b> (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