

BLUE GHANA

GLICO House, 1st Floor, No 47 Kwame Nkrumah Avenue,
Adabraka, Accra
+233 (0) 302 919171

BLUE MALAWI

MASM House,
Lower Scalter Road, Blantyre
+265 1 833 393, +265 1 834 337, +265 1 830 610

BLUE MAURITIUS

Liberty Health, C/o Health & Travel Department,
Swan Insurance Company Ltd, 3rd Floor - Swan Group Centre
Intendance Street, Port Louis, Mauritius
+230 212 2600

BLUE MOZAMBIQUE

Emose Building, 25 Setembro Avenue,
No 1383 5th Floor, Office no: 507, Maputo
+258 21 315 523/4/5/6

BLUE NIGERIA

Liberty Health, 2 Marconi Road,
Palmgrove Estate, Lagos
+234 1 774 7150

BLUE TANZANIA

Plot 1349/A 1 Haile Selassie Road, Masaki
P.O.Box 7893, Dar es Salaam, Tanzania
+ 255 22 260 2570/4/9

BLUE UGANDA

Liberty, Investment House, 2nd Floor, Plot 1 Dundas Road, Kololo
+256 (414/312) 233794/803, +256 312 264919

BLUE ZAMBIA

Madison, 7 Nyati Close, Rhodes Park
+260 211 256 871/2

BLUE ZIMBABWE

Liberty Health, Eagle insurance,
Cnr of Jason Moyo & 4th Street, Harare
+263 4 707 172, +263 4 708 212

BLUE

Healthcare that works where you work

Ghana

Malawi

Mauritius

Mozambique

Nigeria

Tanzania

Uganda

Zambia

Zimbabwe



LIBERTY GROUP LIMITED
Registration number 57/02788/08
Head Office PO Box 10499, Johannesburg 2000
LibCentre, Ameshoff Street, Braamfontein, Johannesburg, South Africa
Website www.liberty.co.za



About Liberty Health

Over the past three years, since its introduction into the African healthcare market, Liberty Health has grown to become a leading health company in Africa.

Today it is operational in over 11 countries and manages over 1.2 million lives across the continent.

At Liberty Health we believe that your health is your greatest asset and it is important to maintain a healthy lifestyle in order to get the best out of life. In line with this belief and as specialists in our field, Liberty Health provides you with the protection and support that you need to help you manage your health.

Liberty Group

Liberty is a broad-based wealth management company specializing in life insurance, investments, corporate benefits (including group risk and retirement funds), asset management, property development and management, and health. For more than 50 years, Liberty has helped Africans manage their lifestyle risk and protect their investments for the future. As at end 2010, Liberty had over \$58 billion of assets under management and 2.6 million retail insurance policies in force.

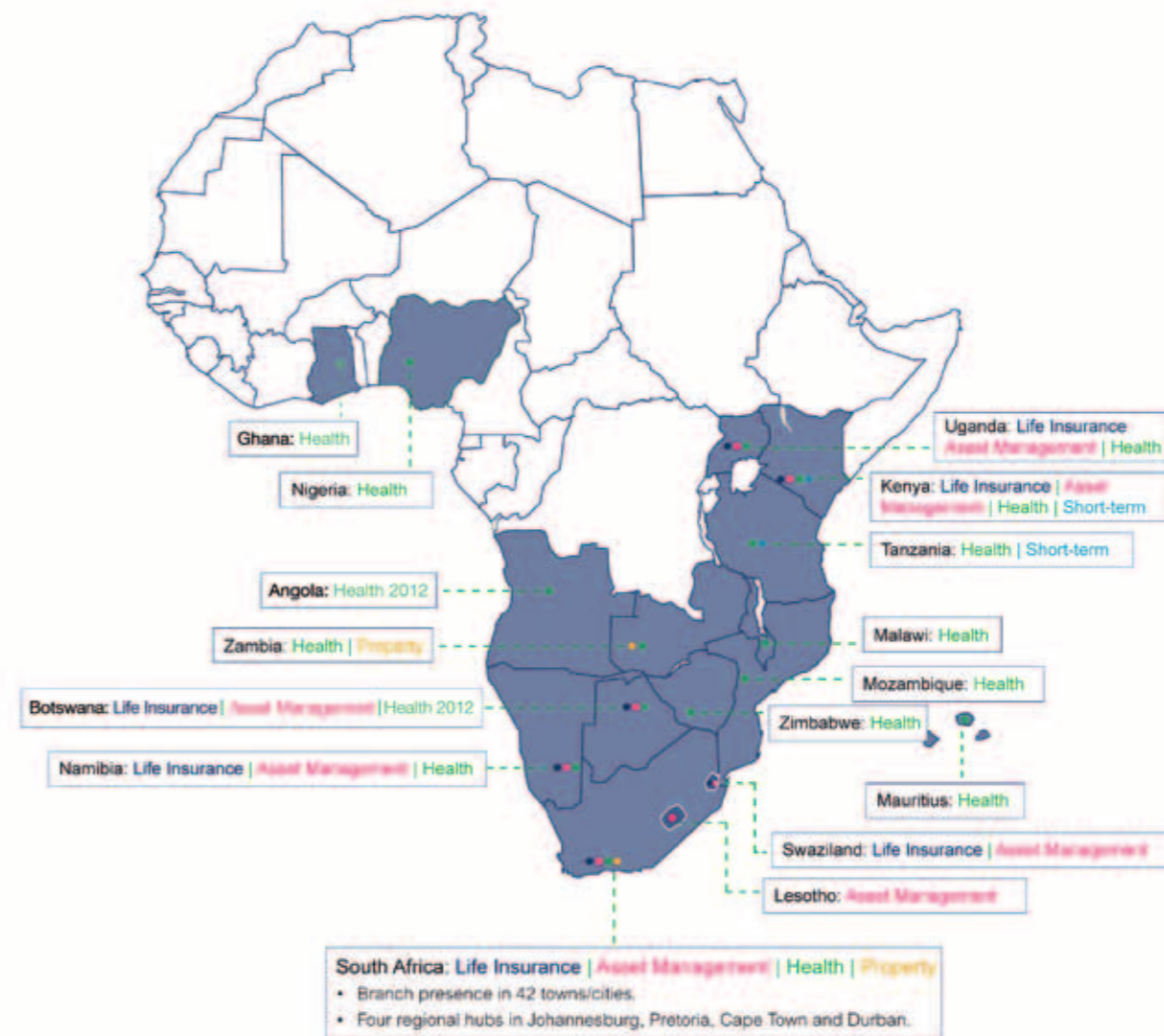
Liberty aims to be a leading financial services company in Africa with earnings in excess of \$370 million (year ending 2010) and operations in 15 countries across the African continent, including South Africa, Botswana, Namibia, Lesotho, Swaziland, Zimbabwe, Zambia, Mozambique, Malawi, Mauritius, Kenya, Uganda, Tanzania, Nigeria and Ghana.

Liberty lives by the following to create value for its customers, shareholders and other stakeholders:

- Always passionate, positive and having fun
- Maintaining open channels of communication that encourage freedom of expression
- Interacting with respect and integrity, by being honest, trustworthy and transparent
- Working together to achieve common goals
- Taking responsibility for our attitudes, actions and development
- Providing excellent customer service, from end-to-end, all the time
- Creating a culture of sharing knowledge and expertise.

Quick Facts

- Number of Policy holders: Today Liberty is one of South Africa's biggest insurance and investment groups, safeguarding over 2 million policy holders.
- Total assets under management: \$49.7 billion
- Majority shareholder: Standard Bank, the largest bank in Africa; which in turn is 20% owned by the biggest bank in the world, ICBC.
- Liberty has invested an estimated \$60 million in education projects since 1990, including the legendary Learning Channel and Matric Matters supplements, literally reaching millions of children across the African continent.



Standard Bank Group

Liberty is part of the wealth business unit of the Standard Bank Group.

The Standard Bank Group is a global bank with African roots. It is the largest South African banking group by assets and earnings, distinguished by its extensive operations in 17 countries on the African continent, including South Africa.

In recent years, Standard Bank has concluded key acquisitions on the African continent in Kenya and Nigeria. Africa is at the core of the Standard Bank Group and the group will continue to build first-class on-the-ground banks. Standard Bank has 1,159 branches and 6,473 ATMs on the African continent. The long-term ratings for The Standard Bank of South Africa, the single largest operating entity within the Standard Bank Group, are Fitch Ratings BBB+, Moody's A3 and Standard & Poor's BBBp.

Standard Bank has entered into a strategic partnership with the Industrial and Commercial Bank of China (ICBC took a 20% stake in Standard Bank in 2008). This strategic partnership of the two largest banks in Africa and China has begun to and will continue to generate significant co-operation benefits and new capacity for growth in the years ahead.

BLUE in Country Partners

Liberty Health Insurance products are registered under the insurance licenses of our in country partners. Our in country partners then re insure the Liberty Health policies to Liberty Health. Product Administration are managed fully by Liberty Health who also supplies the technology platform to service the administration function.

Please refer to the Liberty Blue website (www.libertyhealthblue.com) for a list of in country partners.



Health Insurance Overview

BLUE is a suite of health insurance products offering a comprehensive set of health insurance benefits to the staff of employer groups in Africa.

This suite of products caters for a variety of healthcare needs across a number of income categories which allows you to choose comprehensive cover at affordable rates to suit you and your family's needs.

BLUE Options

- BLUE SILVER**
A core option which offers in-country cover to families living in Africa, for hospital and major disease benefits.
- BLUE GOLD**
A core option which offers in-country cover to families living in Africa for day-to-day treatment, chronic care and hospitalisation.
- BLUE DIAMOND**
A pan-African benefit option that offers more comprehensive cover for day-to-day treatment, chronic care and hospitalisation and is also ideal for families who travel regularly across Africa and who require extensive healthcare coverage across the continent. Diamond includes international emergency evacuation.
- BLUE PLATINUM**
A worldwide benefit option that offers supreme cover for day-to-day treatment, chronic care and hospitalisation and is ideal for expatriates and for families seeking worldwide coverage. Platinum includes international emergency evacuation.

WHY BLUE?

Top Pan African health care solution

Liberty Health has grown to become a leading health company in Africa. Today it is operational in over 11 countries and manages over 1.2 million lives across the continent. Depending on the business case, Liberty Health is more than willing to investigate the possibility of expanding into countries where our client is operational and Liberty Health is not.

Standard benefits and single point of contact

Standardisation of member health benefits and administration across all client operations across Africa with a single point of contact for all health care and service needs.

Access to the best care

Blue partners with the very best healthcare providers ensuring that insured persons covered under Blue have access to the best medical treatment. Furthermore, Blue creates value for its members by negotiating fair prices for treatment with these healthcare providers.

Seamless service

Blue health insurance operates off a world-class, high-tech healthcare administration model, which will ensure that the service you receive and your experience of Blue is nothing short of excellent.

No out-of-pocket expenditure

If you seek treatment at our preferred network of doctors, you do not have to pay anything up front and in most cases are not required to share in medical costs in any way (no co-payments and no deductibles). You simply need to present your Blue membership card to receive treatment.

Freedom to choose

Blue offers you the flexibility to go to any healthcare provider at your convenience. We don't restrict which doctors you wish to see.

Generous cover

Blue offers generous US dollar benefits (USD) with high overall limits. BLUE is not limited to the employee only but can be extended to the employee's immediate family.

Strong backing

Blue is backed by Liberty Group, which has a National Insurer Financial Strength of AA (Fitch). This means that we will be here for many years to come to help you to look after your health.

Predictable healthcare costs

The transfer of healthcare costs to Liberty, opposed to self funding by employer, in return for a defined, regular premium means that healthcare costs are more predictable from year-to-year and allows for more accurate budgeting.

Peace of mind

Liberty Health provides the re-insurance security for the BLUE health insurance product. Liberty Health has established a cell captive arrangement with Guardrisk International Limited PCC and Guardrisk's shareholders in order to reinsure health insurance risks in Africa and other emerging markets. These risks are reinsured under Guardrisk's reinsurance license. Liberty Health therefore guarantees to meet healthcare costs, even if healthcare costs are higher than expected, i.e. higher than the defined premium payable to the reinsurer. Funds are pooled centrally and risk is equalized and cross-subsidised across all the countries we operate in.



BLUE Administration

The Liberty Health model divides the administration of BLUE into two areas of responsibility, namely back office functions (based in Cape Town) and front office functions (based in country).

Back Office functions are those functions where there is no direct contact with the member and the medical service provider.

The core administration functions will be performed there.

The In-Country front office will be responsible for all functions that involve direct contact with members and medical service providers. The advantage of this back office/front office model is that by having a single back office to perform the core administration functions for all clients across Africa leads to the generation of appropriate economies of scale, and the set up of thin front offices provides the flexibility to set up a client service centre in any location.

The Liberty Health administration model leverages off the Liberty Health IT system, which is the leading IT system in Africa in terms of lives supported.

The Liberty Health IT system together with appropriate connectivity allows for seamless integration between the Liberty Health back office and front offices. This integrated approach to administration means that clients are serviced in real time without delays.



BLUE Interactive Website

Our user-friendly and practical website (www.libertyhealthblue.com) puts you in control enabling you to resolve most simple queries at your own convenience any time of day or night.

Some of the online functions include tracking the status of submitted claims, checking benefit usage and what benefits are still available, viewing your premium history, finding a service provider in your area or accessing general health information. Although password controlled for confidentiality reasons, registration is easy and the website is available 24 hours a day.



BLUE Providers

We have partnered with healthcare professionals and world class providers of health related services in the countries where we are operational. These providers will service BLUE members on credit for all outpatient and inpatient claims.

In Network Treatment:

If an insured person goes to our preferred provider network for treatment then we will arrange direct payment for the cost of treatment to the healthcare provider up to the specified benefit limits and subject to the conditions of the policy.

Out-of-network Treatment:

In the case where an insured person goes for treatment out of our preferred provider network then the insured person will be required to pay for the cost of treatment out of his/her own pocket and the Company will reimburse the insured person.

Foreign treatment:

For the Blue Diamond and Blue Platinum health insurance plans, in the case where an insured person goes for treatment outside the country where this policy is issued, the insured person will be required to pay for the cost of treatment out of his/her own pocket and the Company will reimburse the insured person. Blue does not cover non-medical costs, including travel and accommodation. For the Blue Diamond health insurance plan, elective in-hospital treatment in South Africa will be subject to a deductible of R1,500 (ZAR) per hospital event.



BLUE Underwriting

For the initial take-on of a group, we will apply underwriting rules in accordance with the following:

- **Under 10 employee** Not covered
- **10 to 29 employees** Underwriting Rules apply to each insured person
- **30+ employees -** No underwriting rules apply but Compulsory Cover applies

Underwriting Rules mean:

- a 30-day general waiting period.
- Treatment of pre-existing conditions related to cancer, kidney dialysis, organ transplants and HIV/AIDS will not be covered for a period of twenty four (24) months starting from the policy commencement date.
- Treatment of other pre-existing conditions (not related to cancer, kidney dialysis, organ transplants and HIV/AIDS) will not be covered for a period of twelve (12) months starting from the policy commencement date.

Note: Hospitalisation resulting from an accident is covered during the 30-day general waiting period.

Compulsory cover means the following:

- It is compulsory for an employee or dependant to apply for coverage under this policy within 30 days of the policy commencement date or employment date of the employee in order to obtain coverage with no underwriting; else the underwriting rules apply.
- In the case of a newborn, the newborn must be registered for coverage under this policy within 30 days of the birth date in order to obtain coverage with no underwriting; else the underwriting rules apply.
- In the case of an adopted child or child placed in the custody of an Insured Person, the child must be registered for coverage under this policy within 30 days of the adoption or custody date in order to obtain coverage with no underwriting; else the underwriting rules apply.
- In the case of a newly married spouse, the spouse must be registered for coverage under this policy within 30 days of the marriage date in order to obtain coverage with no underwriting; else the underwriting rules apply.
- For Group sizes 10 to 29 employees specified in the table in the policy conditions, the underwriting rules do not apply to newborns provided that the newborn is registered within 30 days of childbirth.
- Subsequent to the initial take-on of a group, if a new joiner (main member or dependant) joins within 30 days of the policy commencement date or employment date of the employee, then no underwriting will apply. If the new joiner does not join within this 30-day period, then the underwriting rules will apply to the new joiner.

BLUE Benefit Structure

Note: The Blue benefits described below should be read in conjunction with the policy conditions

OUTPATIENT MEDICAL TREATMENT

Consultations

The following consultations are covered under this benefit:

- General practitioner (GP) consultations.
- Specialist consultations.

Personal health assessment

We will pay for one personal health assessment each year under this policy for each insured person. The personal health assessment includes the following:

- Blood pressure measurement
- Blood sugar measurement
- Cholesterol screening
- PAP smear
- Body mass index measurement.

Procedures

The following procedures provided by or ordered by a doctor are covered:

- Pathology, i.e. blood tests requested by a doctor in the course of your day-to-day consultations.
- Radiology, i.e. out-of-hospital basic x-rays.
- Out-of-hospital, non-surgical procedures, such as applying plaster of paris and stitches.

Acute Medicines

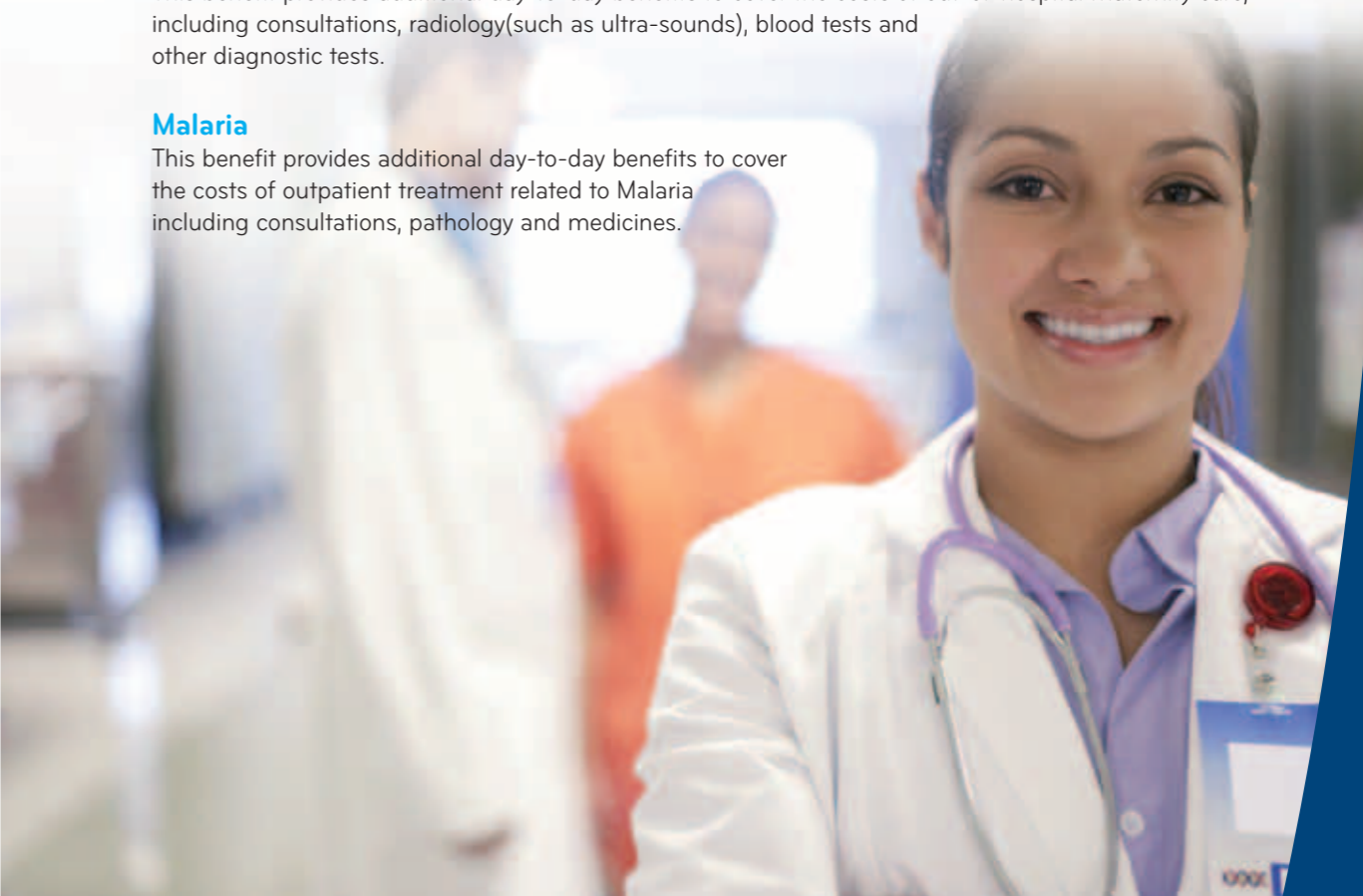
These include medicines which are medically necessary and legally restricted to the order of a doctor and prescribed for use by the insured person as an outpatient.

Out-patient maternity benefits

This benefit provides additional day-to-day benefits to cover the costs of out-of-hospital maternity care, including consultations, radiology (such as ultra-sounds), blood tests and other diagnostic tests.

Malaria

This benefit provides additional day-to-day benefits to cover the costs of outpatient treatment related to Malaria including consultations, pathology and medicines.





Chronic medicines

This benefit covers medication for the following chronic conditions.

Acne	Cushing's Disease	Hyperthyroidism	Disorders
Addison's Disease	Cystic Fibrosis	Hypoparathyroidism	Primary/Idiopathic
Affective Disorder	Deep Vein Thrombosis	Hypopituitarism	thrombocytopenic purpura
Allergic Rhinitis	Dementia	Incontinence	Psoriasis
Alzheimer's Disease	Depression	Malabsorption Syndrome	Psoriasis Arthritis
Anaemia	Dermatitis/Eczema	Male Hypogonadism	Psychotic conditions
Ankylosing spondylitis	Dermatomyositis	Meniere's Disease	Pulmonary Interstitial Fibrosis
Anorexia Nervosa	Diabetes insipidus	Menopausal and	Rheumatoid Arthritis
Arrhythmias and Conduction Disorders	Diabetes Mellitus Type 1	Perimenopausal Disorders	Rosacea
Asthma	Diabetes Mellitus Type 2	Menorrhagia	Sarcoidosis
Attention Deficit Hyperactivity Disorder	Disorders of Menstruation	Motor Neuron Disease	Schizophrenia
Barrett's Oesophagitis	Dissociative disorders	Multiple Sclerosis	Scleroderma and Systemic Sclerosis
Benign Prostatic Hypertrophy	Diverticular Disease	Muscular Dystrophy	Sicca Syndrome
Bipolar Mood Disorder	Dysrhythmias	Myasthenia Gravis	Stroke
Bronchiectasis	Dystonia	Neuropathy	Systemic Connective Tissue Disorders
Bulimia Nervosa	Endometriosis	Obsessive Compulsive Disorder	Systemic Lupus Erythematosus
Cardiac Failure	Enuresis	Organ Transplant	Thrombosis and Embolism
Cardiomyopathy	Epilepsy	Osteoarthritis	Tic Disorders
Chronic Obstructive Pulmonary Disorder	Generalised Anxiety Disorder	Osteoporosis	Tourette's Syndrome
Chronic Renal Disease	Glaucoma	Page's Disease	Transient Ischaemic Attacks
Connective and soft tissue disorders	GORD	Paralytic Syndromes	Trigeminal neuralgia
Conn's Syndrome	Gout	Complications (associated)	Tuberculosis
Cor Pulmonale	Guillian-Barr, syndrome	Parkinson's Disease	Ulcerative Colitis
Coronary Artery Disease/ Ischemic Heart Disease	Haemophilia	Pemphigus	Urinary tract infection, chronic
Crohn's Disease	Hepatitis	Personality Changes	Valvular Heart Disease
	HIV/AIDS	Pituitary Disorder	Zollinger-Ellison Syndrome
	Huntington's Disease	Polyarteritis Nodosa	
	Hyperlipidaemia	Polycystic Ovarian Syndrome	
	Hyperparathyroidism	Polymyalgia Rheumatica	
	Hypertension	Post Traumatic and other Stress	

In order to access the chronic medicine benefit an insured person, who is diagnosed with a chronic condition, will be required to register on the Managed Healthcare Programme assisted by their treating doctor. To register on this programme, the treating doctor together with the insured person will need to complete a chronic medicine application form and submit this form to us. Treatment of chronic conditions will be subject to our clinical protocols and approved medicine formularies.

Auxiliary Services

The following auxiliary services are covered under this Policy:

- Physiotherapy
- Biokinetics and chiropractics
- Psychology
- Occupational therapy
- Speech therapy / Audiology
- Hearing aid acoustician
- Podiatry
- Dietician
- Orthotist / Prosthetist

Dentistry

This benefit covers the following dental treatments and services on an outpatient basis:

- Dental consultations
- Basic dental procedures, including removal of teeth and roots, fillings, preventative treatment, scaling and polishing and x-rays.

- Specialized dentistry including root canal treatment, dentures, inlays, crowns, bridges, periodontal treatment, orthodontic treatment and dental surgery including maxilla facial and oral surgery and removal of impacted wisdom teeth. Orthodontic treatment will be restricted to members under the age of 21 (twenty-one) years inclusive.

Optical benefits

The following optical benefits are covered on an outpatient basis:

- Eye examination
- Frames and lenses (including contact lenses) every 2 years.

HOSPITAL BENEFITS

Hospital Treatment and Related Services.

- Hospital accommodation in a standard private room.
- In-hospital fees for doctors, specialists, surgeons, anaesthetists, physiotherapists, or other relevant specialist consultations rendered in hospital.
- Operating theatre charges.
- Apparatus, material, and ward and theatre medicines used in hospital.
- Accommodation charges incurred by one parent sharing the hospital room of an Insured child under twelve (12) years old (inclusive), where the latter is treated at a hospital, as an inpatient for a period, and the treating Physician has advised in writing that a parent should remain with the insured child.

Emergency ambulance services

In the case of a medical emergency, we will pay for an in-country road or air ambulance, subject to our pre-authorisation, to transport the insured person from the scene of the medical emergency to the nearest, appropriate in-country medical facility for treatment.

Inpatient maternity childbirth

Under this benefit we cover in-hospital maternity benefits including confinement, childbirth (natural delivery) and midwives.

Note: Childbirth by caesarean section is excluded except where there is a clinical indication for a caesarean section and where pre-authorisation has been obtained from us.

Neonatal care

This benefit covers the treatment costs for neonatal care required in the case of a newborn baby. In particular, this benefit covers the following:

- Neonatal ward (incubator)
- Phototherapy
- Congenital abnormalities
- Prematurity



Specialised Radiology

Under this benefit, we will cover the costs of specialized radiology required in or out of hospital, such as Computed tomography (CT) scans and Magnetic resonance imaging (MRI) scans. All specialised radiology (in or out of hospital) is subject to pre-authorization.

High Care

Under this benefit, we pay for the costs of high care that an insured person may require while he or she is in hospital. High care is care that requires a higher level of treatment, nursing vigilance and monitoring than is available in a general ward.

Intensive Care

Under this benefit, we pay for the costs for an insured person to be accommodated in an Intensive Care Unit at a hospital. Intensive care is care that requires a higher level of treatment, nursing vigilance and monitoring than is available in a high care unit.

Psychiatric Hospitalisation

This benefit pays for the costs of psychiatric treatment received as an inpatient in a psychiatric unit of a Hospital. All treatment must be administered under the direct control of a registered psychiatrist.

Prosthesis

Under this benefit we will pay for the costs of artificial limbs, and internal (surgically implanted) prostheses, such as: Orthopaedic prostheses, including hip replacements, bone lengthening devices, spinal plates and screws. End-vascular devices and devices for the central nervous system, cardiac system and ophthalmic system.

External Medical Appliances

We will pay for external medical appliances, including wheelchairs, glucometers, hearing aids, low vision appliances and large orthopaedic orthotics (e.g. back braces).

Medicines to-take-home

On the date an insured person is discharged from hospital we will pay for medicines that can be taken home for a certain number of days (as defined in the Blue benefit tables).

INTERNATIONAL EMERGENCY EVACUATION

● BLUE DIAMOND ● BLUE PLATINUM

In the case of a medical emergency and where treatment is not available locally, we will pay for the transportation costs for the insured person to be evacuated from the country where the medical emergency occurred to the nearest, appropriate medical facility within the area of cover.

The nearest medical facility could be within the country where the medical emergency occurred.

The following classes of conditions could result in an emergency evacuation:

Accidents

An insured person will be evacuated to an appropriate facility in the event that the required specialty is not available in the country where the insured person is at time of accident. Whether a specific specialty is required will be determined by our Medical Director in terms of advice received from the treating in-country doctor. The Medical Director may from time to time request an additional opinion from an alternative Specialist. In terms of ICU care being required, the presence of an ICU in country will determine that the insured person is treated in country for ICU care.

Non-Accident Related Acute Conditions Requiring Specialist Treatment

A member will be evacuated for an acute event to another country if there is no specialist ordinarily available in the country to manage the particular condition. In this regard, the following will be accepted as appropriate to treat conditions requiring specialist treatment:

- Medical conditions –Physician
- Surgical conditions –General Surgeon

Emergency evacuations will not be carried out for deteriorating chronic conditions.

International Emergency Evacuation

International emergency evacuation will be subject to the approval of our Medical Director. Our medical director will, in consultation with the relevant medical professionals and subject to our internal evacuation criteria (amended from time to time), determine whether an insured person's medical condition constitutes a serious or life threatening medical emergency that requires immediate evacuation to obtain treatment in order to avoid death or serious impairment to an Insured person's immediate or long-term health prospects. The seriousness of the medical condition will be judged within the context of the insured person's geographical location and local availability of treatment or medical facilities.

Compassionate travel

We will pay the expense of the cost of one economy class return airfare and all ancillary charges (accommodation, food and transport only) up to the limit as stated in the Blue benefit tables, for a family member to join an insured person who requires international emergency evacuation.

Repatriation of mortal remains

In the event that an insured person dies outside his home country during an international emergency evacuation, we will pay for the costs of preparation and transportation of the insured person's mortal remains from the place of death to his home country, or we will pay for the costs of preparation and local burial of the mortal remains in the country where death occurred. We will only pay up to the cost of a standard repatriation coffin.



