

HEALTH COVER  
Corporate and SME Benefit Table 2017/18  
Nigeria

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Total Health Trust Ltd.

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Registration No. 318 207

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# NIGERIA | LIBERTY HEALTH COVER CORPORATE AND SME BENEFIT TABLE 2017/18

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 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)	5 000 000	30 000 000	30 000 000	125 000 000	125 000 000	250 000 000

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

In-hospital accommodation, specialists, theatre, ward, acute dialysis and medicine costs	Unlimited Subject to overall limit	Unlimited Subject to overall limit	Unlimited Subject to overall limit	Unlimited Subject to overall limit	Unlimited Subject to overall limit	Unlimited Subject to overall limit
Emergency ambulance services	Unlimited Subject to overall limit	Unlimited Subject to overall limit	Unlimited Subject to overall limit	Unlimited Subject to overall limit	Unlimited Subject to overall limit	Unlimited Subject to overall limit
Intensive care	Unlimited Subject to overall limit	Unlimited Subject to overall limit	Unlimited Subject to overall limit	Unlimited Subject to overall limit	Unlimited Subject to overall limit	Unlimited Subject to overall limit
Specialised radiology (combined limit in-hospital and out-of-hospital)	200 000	385 000	385 000	645 000	645 000	775 000
In-patient maternity (childbirth)	Unlimited Subject to overall limit	Unlimited Subject to overall limit	Unlimited Subject to overall limit	Unlimited Subject to overall limit	Unlimited Subject to overall limit	Unlimited Subject to overall limit
Neonatal care (incubator, phototherapy, congenital conditions, prematurity)	1 350 000	5 000 000	5 000 000	18 500 000	18 500 000	25 000 000
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 (per prosthesis)	400 000	775 000	775 000	1 000 000	1 000 000	1 350 000
External medical appliances	50 000	65 000	65 000	130 000	130 000	250 000

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

Overall limit	2 500 000	4 850 000	4 850 000	18 500 000	18 500 000	25 000 000
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)	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\$50 per day for sundry costs (max 14 days)	Return economy class ticket and accommodation up to a maximum of 14 days. US\$50 per day for sundry costs (max 14 days)	Return economy class ticket and accommodation up to a maximum of 14 days. Up to US\$50 per day for sundry costs (max 14 days)	Return economy class ticket and accommodation up to a maximum of 14 days. Up to US\$75 per day for sundry costs (max 14 days)
Repatriation of mortal remains following an international emergency evacuation	x	x	775 000	775 000	775 000	2 500 000

## MATERNITY BENEFITS Subject to pre-authorisation and clinical treatment protocols

Maternity if 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)	Normal delivery (including pre- and post-natal care and childbirth) 85 000 Childbirth by C-section (where medically necessary and subject to pre-authorisation) sub-limit 165 000	Normal delivery (including pre- and post-natal care and childbirth) 145 000 Childbirth by C-section (where medically necessary and subject to pre-authorisation) sub-limit 200 000	Normal delivery (including pre- and post-natal care and childbirth) 145 000 Childbirth by C-section (where medically necessary and subject to pre-authorisation) sub-limit 200 000	Normal delivery (including pre- and post-natal care and childbirth) 150 000 Childbirth by C-section (where medically necessary and subject to pre-authorisation) sub-limit 300 000	Normal delivery (including pre- and post-natal care and childbirth) 150 000 Childbirth by C-section (where medically necessary and subject to pre-authorisation) sub-limit 300 000	Normal delivery (including pre- and post-natal care and childbirth) 180 000 Childbirth by C-section (where medically necessary and subject to pre-authorisation) sub-limit 500 000
Maternity complications	Unlimited Subject to overall limit	Unlimited Subject to overall limit	Unlimited Subject to overall limit	Unlimited Subject to overall limit	Unlimited Subject to overall limit	Unlimited Subject to overall limit

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

GP Consultations: Unlimited GP Consultations in accredited Network of General Practitioners at the negotiated Liberty Tariff.	✓	✓	✓	✓	✓	✓
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 at your doctor's rooms	250 000	325 000	325 000	325 000	485 000	600 000
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 Subject to pre-authorisation and clinical treatment protocols	Unlimited Subject to overall limit	Unlimited Subject to overall limit	Unlimited Subject to overall limit	Unlimited Subject to overall limit	Unlimited Subject to overall limit	Unlimited Subject to overall limit
Dentistry	Unlimited Sub limit for specialised dentistry 160 000	Unlimited Sub limit for specialised dentistry 250 000	Unlimited Sub limit for specialised dentistry 250 000	Unlimited Sub limit for specialised dentistry 250 000	Unlimited Sub limit for specialised dentistry 400 000	Unlimited Sub limit for specialised dentistry 485 000
Optical benefits • Frames and lenses (including contact lenses) every 2 years	33 000	45 000	45 000	45 000	70 000	95 000
Specialised radiology (Subject to pre-authorisation whether in or out of hospital) • Computed tomography (CT) scans and Magnetic resonance imaging (MRI) scans done in or 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