

HEALTH COVER
Corporate and SME Benefit Table 2017/18
Zambia



ZAMBIA

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



LIBERTY

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.

PRODUCT OPTION	Lite	Classic	Classic Evacuation	Classic Roaming	Enhanced	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	In-country only	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	175 000	1 000 000	1 000 000	4 250 000	1 750 000	4 250 000	8 750 000

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	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	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	Unlimited Subject to overall limit
Specialised radiology (combined limit in-hospital and out-of-hospital)	6 500	12 500	12 500	22 500	17 500	22 500	27 500
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	Unlimited Subject to overall limit
Neonatal care (incubator, phototherapy, congenital conditions, prematurity)	42 500	175 000	175 000	650 000	425 000	650 000	900 000
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)	12 500	25 000	25 000	35 000	30 000	35 000	45 000
External medical appliances	1 750	2 250	2 250	4 500	3 000	4 500	8 750

MAJOR DISEASE BENEFITS Subject to pre-authorisation and clinical treatment protocols							
Overall limit	90 000	175 000	175 000	650 000	450 000	650 000	900 000
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	x	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)	x	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	25 000	25 000	x	25 000	90 000

DAY-TO-DAY BENEFITS (Out-patient)							
Acute Conditions Benefit (conditions that generally appear suddenly, progress rapidly and are relatively short in duration) <ul style="list-style-type: none"> • Consultations (GP and specialist) • 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 	4 500	6 600	6 600	6 600	8 750	13 000	22 000
	Sub limit for acute medication 1 750	Sub limit for acute medication 2 250	Sub limit for acute medication 2 250	Sub limit for acute medication 2 250	Sub limit for acute medication 3 000	Sub limit for acute medication 4 500	Sub limit for acute medication 9 000
Chronic Conditions Benefit (conditions that require medication and treatment for more than three continuous months) <ul style="list-style-type: none"> • Consultations (GP and specialist) • 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	Unlimited Subject to overall limit
Out-patient maternity care Note: If this benefit is depleted, then claims will be paid from the available Day-to-Day Benefits	3 500	4 500	4 500	4 500	5 250	6 600	8 750
Dentistry	1 750 Basic dentistry only	Unlimited Sub limit for specialised dentistry 4 500	Unlimited Sub limit for specialised dentistry 4 500	Unlimited Sub limit for specialised dentistry 4 500	Unlimited Sub limit for specialised dentistry 5 250	Unlimited Sub limit for specialised dentistry 6 600	Unlimited Sub limit for specialised dentistry 8 750
Optical benefits <ul style="list-style-type: none"> • 1 x eye test per insured person per year • Frames and lenses (including contact lenses) every 2 years 	1 100	1 900	1 900	1 900	2 500	3 000	4 000
Specialised radiology (Subject to pre-authorisation whether in hospital or out of hospital) <ul style="list-style-type: none"> • Computed tomography (CT) scans and Magnetic resonance imaging (MRI) scans done in hospital 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