



**LIBERTY**

## **LIBERTY HEALTH COVER**

Corporate and SME Benefit Table  
2018/19  
Lesotho

### **LESOTHO**

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

[claims@libertyhealth.net](mailto:claims@libertyhealth.net)

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# LESOTHO | LIBERTY HEALTH COVER CORPORATE 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 LSL.



LIBERTY

PRODUCT OPTION	Essence	Traditional	Classic	Plus	Core Care
Region of cover	Lesotho and South Africa	Lesotho and South Africa	Lesotho and South Africa	Lesotho, Africa and India	Lesotho, Africa and India
Network Providers paid at Liberty Tariffs	Standard Network	Standard Network	Enhanced Network	Enhanced Network	Standard Network
Overall limit (per beneficiary per annum)	420 000	770 000	1 500 000	Unlimited	770 000

HOSPITAL BENEFITS (In-patient) Subject to pre-authorisation and clinical treatment protocols					
In-hospital accommodation, specialists, theatre, ward, acute dialysis, basic radiology, pathology, physiotherapy, procedures and medicine costs (Subject to overall limit)	Unlimited	Unlimited	Unlimited	Unlimited (private ward limit of 2 500 per day)	Unlimited
Emergency ambulance services (Subject to overall limit)	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Specialised radiology (combined limit in and out of hospital)	19 000	23 000	32 000	38 000	23 000
Neonatal care (incubator, phototherapy, congenital conditions, prematurity)	190 000	250 000	380 000	640 000	250 000
Psychiatric hospitalisation	5 days per annum	14 days per annum	14 days per annum	20 days per annum	14 days per annum
Prosthesis (per prosthesis)	38 000	45 000	51 000	64 000	45 000
External medical appliances	3 800	4 500	6 400	13 000	4 500
Dental and maxillofacial surgery (Subject to overall limit)	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Private nursing/Step down or Hospice	6 400	7 400	15 000	37 000	7 400
In-patient maternity (childbirth) (Subject to overall limit)	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Circumcision	1 900	2 500	3 300	3 800	2 500

MAJOR DISEASE BENEFITS Subject to pre-authorisation and clinical treatment protocols					
Overall limit	420 000	480 000	640 000	950 000	480 000
Cancer treatment	Subject to major disease limit	Subject to major disease limit	Subject to major disease limit	Subject to major disease limit	Subject to major disease limit
Organ transplants	Subject to major disease limit	Subject to major disease limit	Subject to major disease limit	Subject to major disease limit	Subject to major disease limit
Kidney dialysis	Subject to major disease limit	Subject to major disease limit	Subject to major disease limit	Subject to major disease limit	Subject to major disease limit

INTERNATIONAL EMERGENCY EVACUATION BENEFITS Subject to pre-authorisation and clinical treatment protocols					
International emergency evacuation and repatriation	Subject to overall limit	Subject to overall limit	Subject to overall limit	Subject to overall limit	Subject to overall limit
Accommodation for one person accompanying an evacuated person	3 nights accommodation	3 nights accommodation	3 nights accommodation	3 nights accommodation	3 nights accommodation
Repatriation of mortal remains following an international emergency evacuation	12 700	12 700	12 700	12 700	12 700

DAY-TO-DAY BENEFITS (Out-patient)					
Extender Benefit	950 per family per annum	1 380 per family per annum	1 800 per family per annum	2 100 per family per annum	x
Consultations (GP and Specialist)	6 per annum	8 per annum	10 per annum	12 per annum	x
Procedures	4 900	7 300	14 600	29 400	x
Acute medication	3 800 OTC sub-limit of 480 per annum, maximum of 130 per claim	5 400 OTC sub-limit of 480 per annum, maximum of 180 per claim	7 700 OTC sub-limit of 590 per annum, maximum of 240 per claim	9 100 OTC sub-limit of 720 per annum, maximum of 310 per claim	x
Chronic Conditions Benefit (conditions that require medication and treatment for more than three continuous months) • Consultations (GP and Specialist) • Prescribed chronic medication • Pathology, i.e., blood tests requested by a doctor in the course of your consultations • Basic radiology Note: If this benefit is depleted, then claims will pay from the available day-to-day benefits	3 800	5 300	8 000	18 600	x
Radiology and Pathology	3 800	5 400	7 700	17 000	x
Auxiliary Services	1 400	1 500	2 100	3 200	x
Out-patient maternity care Note: If this benefit is depleted, then claims will pay from the available day-to-day benefits	6 400	8 000	9 500	12 700	x
Basic dentistry	1 800	1 900	2 250	3 100	x
Specialised dentistry Specialised dentistry including root canal treatment, dentures, inlays, crowns, bridges, periodontal treatment, orthodontic treatment and procedures in rooms. Orthodontic treatment will be restricted to members under the age of 21 (twenty-one) years inclusive.	x	x	3 200	6 400	x
Optical benefits (the following optical benefits are covered on an out-patient basis) • 1 x eye test per insured person per year • Frames and lenses (including contact lenses) every 2 years • Refractive Surgery	2 250	3 200	3 500	3 800	x
Specialised radiology (combined limit in-hospital and out-of-hospital)	✓	✓	✓	✓	x

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