

LIBERTY HEALTH COVER

Corporate and SME Benefit Table
2018/19
Nigeria



NIGERIA

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NIGERIA | 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 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 (Subject to overall limit) | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited |
| Emergency ambulance services (Subject to overall limit) | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited |
| Intensive care (Subject to overall limit) | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited |
| Specialised radiology (combined limit in-hospital and out-of-hospital) | 200 000 | 385 000 | 385 000 | 645 000 | 645 000 | 775 000 |
| 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\$200 per day for sundry costs (max 14 days) | 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. 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 | 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) | x | Normal delivery (including pre- and post-natal care and childbirth) 145 000 Childbirth by C-section (where medically necessary and subject to pre-authorisation) up to a maximum of 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) up to a maximum of 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) up to a maximum of 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) up to a maximum of 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) up to a maximum of 500 000 |
| Maternity complications (Subject to overall limit) | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited |
| Childbirth services accessed outside the applicable region of cover per option (refunded to member only) | x | Normal delivery (including pre- and post-natal care and childbirth) up to a maximum of 145 000. Childbirth by C-section (where medically necessary and subject to pre-authorisation) up to a maximum of 200 000 | Normal delivery (including pre- and post-natal care and childbirth) up to a maximum of 145 000. Childbirth by C-section (where medically necessary and subject to pre-authorisation) up to a maximum of 200 000 | Normal delivery (including pre- and post-natal care and childbirth) up to a maximum of 150 000. Childbirth by C-section (where medically necessary and subject to pre-authorisation) up to a maximum of 300 000 | Normal delivery (including pre- and post-natal care and childbirth) up to a maximum of 150 000. Childbirth by C-section (where medically necessary and subject to pre-authorisation) up to a maximum of 300 000 | Normal delivery (including pre- and post-natal care and childbirth) up to a maximum of 180 000. Childbirth by C-section (where medically necessary and subject to pre-authorisation) up to a maximum of 500 000 |

| DAY-TO-DAY BENEFITS (Out-patient) | | | | | | |
|---|--|--|--|--|--|--|
| GP Consultations: Unlimited GP Consultations in accredited Network of General Practitioners at the negotiated Liberty Tariff. | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited |
| 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 pre-authorised at designated centres | 290 000 | 370 000 | 370 000 | 370 000 | 560 000 | 690 000 |
| 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 | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited |
| Subject to pre-authorisation, clinical treatment protocols and overall limit | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited |
| 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 (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