



LIBERTY
In it with you



Liberty Health Cover 2025 Membership Guide.

The Liberty Health Cover (Liberty Blue) product is licensed through a registered insurer in the countries where it is distributed. Every attempt has been made to ensure complete accuracy of the information provided. Always consult your healthcare provider if you have any concerns about your health.

Your physical, mental, and financial wellbeing is all connected. We call this Total Wellbeing.

This Total Wellbeing Benefits Guide aims to help you and your family understand, access and use physical, mental health and wellbeing services when you need them without paying for these from your own pocket. We are committed to ensuring that you:



Enjoy **comprehensive benefits** that ensure access to quality healthcare when you need it.



Receive **treatment on credit** (without having to pay cash upfront), with 98% of claims paid directly to our network of contracted healthcare providers.



Have peace of mind with dedicated in-country **customer care support** and access to **24-hour assistance** for medical emergencies.



Have access to secure and **proactive online health tools** and **self-service facilities**, 24 hours a day.

Please ensure to read this guide alongside your benefit table to understand which items of coverage are applicable to your plan.

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Access the care you need.

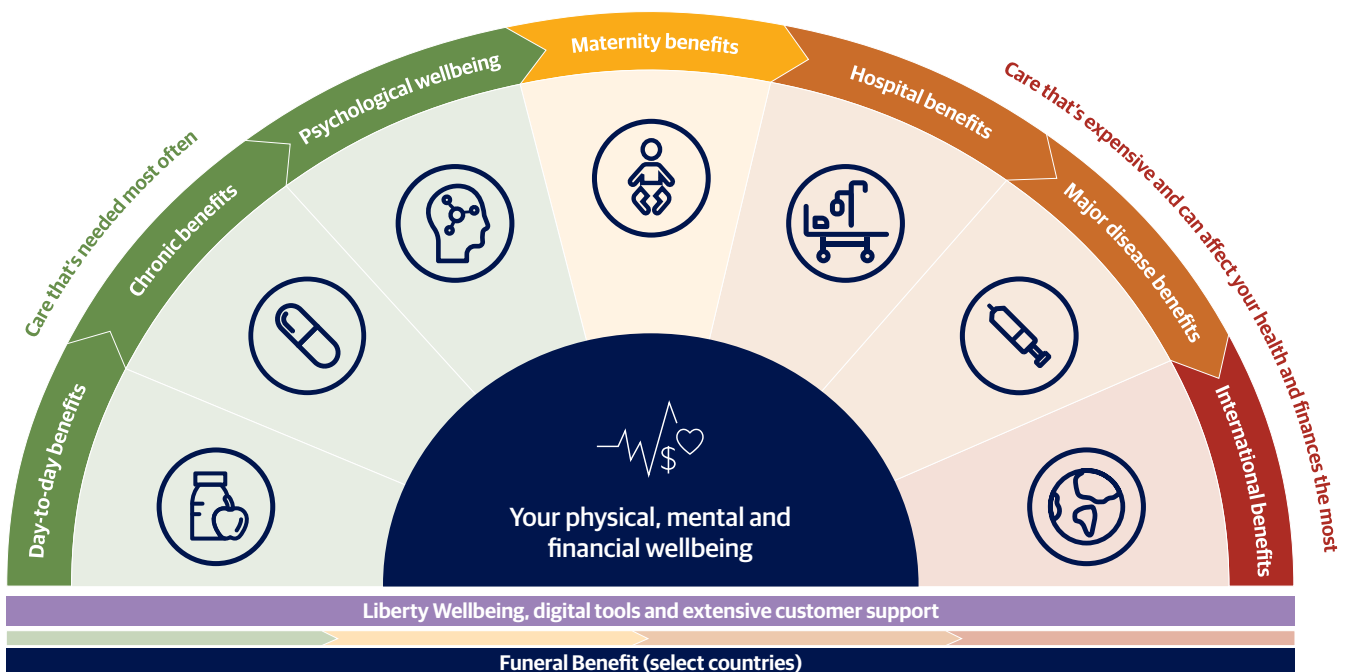
With access to comprehensive benefits you can have peace of mind about your mental, physical, and financial wellbeing.

You have benefits under some or all these categories of cover, depending on your plan:



To view the benefits for a specific category, click on the relevant icon.

To navigate back to this page, click the  icon at the bottom of this page, or the navigation dial to get back to the Contents page.



Benefits are paid up to the relevant benefit limit shown in your Liberty Health Cover Benefit Table.

To view information on the benefits for your plan or to find a list of Network providers in your area, please:

- register or log in to your online profile on our website (www.libertyhealth.net) or via the Liberty Health App (see page 24 for details on how to register),
- contact your Human Resources (HR) department, or
- call your local Liberty Health Cover office – see page 27 of this guide for their details.



Using a Network versus a non-Network provider.

- If you use a Network provider, Liberty Health will pay the healthcare provider directly.
- If you are on a plan that allows you to use providers outside the Network, you may have to pay for treatment upfront. If your benefit plan covers treatment from non-Network providers, you can submit a claim for a refund. (See page 19 for instructions on how to submit a claim.)
- Some plans, including the Uganda Core Plan, do not cover payment from a non-Network provider.



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Day-to-day benefits.

Take care of your everyday medical needs such as GP consultations, medication, dental and optical care.

What we cover.

Consultations and procedures.

Consultations.

- General practitioner (GP) consultations
- Specialist consultations
- Annual medical examinations

Minor procedures.

In order to maintain the affordability of your plan's coverage, we cover the following tests and procedures.

- Pathology, for example, blood tests requested by a doctor
- Basic radiology, for example, out-of-hospital basic X-rays
- Out-of-hospital non-surgical procedures, such as applying plaster of Paris or stitching an injury



Important information if you're on the Uganda Core Plan.

To make your plan more affordable whilst still offering benefits that give quality care, we've enabled certain treatment through the Unu health app or platform (see pages 25 and 26). This gives you quick access to medical care via online nurse support and GP consults (if necessary). It also gives you a quick way to ask for approval for in-person GP and specialists visits. By getting approval first, you'll avoid having to pay towards the cost of the consultation. This is called a co-payment.

Other ways we're making your benefits more affordable are to apply co-payments on your optical and dental benefits (see the Uganda Core Plan BenefitTable). We will also pay claims only for the pathology, radiology and non-surgical procedures listed on pages 4 and 5.



How we make your day-to-day benefits go further.

We provide separate benefits within your day-to-day cover, for example, a separate chronic conditions limit, so you have more cover freed up for other day-to-day care.

By separating certain benefits from your day-to-day cover, it means that if, for example, you have a chronic condition that requires ongoing treatment, it won't reduce your day-to-day limits for other healthcare treatment you may need, like going to the dentist or having your eyes tested.

Vaccinations.

We cover several vaccinations for both children and adults that have been clinically proven to work, are cost-effective, and are recommended by local and international health guidelines.

Vaccinations for children.

For children up to and including aged 6:

- | | |
|--------------------------------|----------------------------|
| • Tetanus | • Measles |
| • Hepatitis A and B | • Mumps |
| • Diphtheria | • German measles (Rubella) |
| • Haemophilus influenza type B | • Polio |
| • Tuberculosis (BCG) | • Pneumococcal infections |
| • Whooping cough (pertussis) | • Typhoid |
| | • Meningitis |
| | • Rotavirus |



We also cover the cost of **Vitamin A supplements** from the same benefit, as Vitamin A is known to reduce complications related to measles and diarrhoea.

Prescribed acute medicines.

These are medicines that you require for a medical condition and that can legally only be prescribed by a doctor.

Some of our affordable plans make use of a medicine formulary, which is a list of preferred medicines we fund to manage the costs of your health plan.

Other vaccinations.

For members aged 7 and older:

- | | |
|---------------------------|---|
| • Influenza | • Typhoid |
| • Hepatitis B | • HPV (for girls between the age of 9 and 18 years) |
| • Meningitis | |
| • Tetanus | |
| • Pneumococcal infections | |



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Additional vaccinations covered for all ages.

- Yellow fever
- Rabies*

* In an emergency, you can have the first dose dispensed, then call us to inform us of the claim.

Dental benefits.

Basic dentistry.

- Dental consultations
- Basic dental procedures, such as:
 - Removal of teeth and roots
 - Fillings
 - Preventative treatment
 - Scaling and polishing
 - X-rays

Specialised dentistry.

Available on selected benefit plans.

- Root canal treatment
- Dentures
- Inlays
- Crowns
- Bridges
- Periodontal treatment
- Orthodontic treatment (under the age of 21 years old) and dental surgery
- Maxillofacial and oral surgery and removal of impacted wisdom teeth



How your in-hospital dental benefits are paid.

The costs for in-hospital dental treatment such as ward and theatre fees will be paid from the hospital benefit, subject to pre-authorisation.

Auxiliary services.

Available on selected benefit plans.

- Physiotherapy
- Occupational therapy
- Speech therapy/audiology
- Hearing aid acoustician
- Podiatry
- Dietician services
- Orthotist and prosthetist services
- Biokinetic and chiropractic services

Optical benefits.

- Eye examinations
- Frames and spectacle lenses, including contact lenses



Important information if you're on the Uganda Core Plan:

The radiology and pathology items below are covered on your plan.

Radiology.

X-Rays.

- Skull
- Facial bones including nasal bone, jaw and teeth
- Intraoral
- Chest
- Barium swallow
- Mammography including ultrasound
- Abdomen
- X-ray pelvimetry
- Spine and pelvis
- Bone densitometry (X-Ray and DEXA)
- Hip
- Arm bones including shoulder, clavicle and scapula
- Wrist, hand and fingers
- Lower limbs full length study
- Leg bones including knee, ankle, foot, heel and toes

Ultrasounds.

- Abdomen
- Pelvis (transabdominal)
- Female pelvis (transvaginal)
- Pregnancy
- Joints (e.g. shoulder, hip, knee), per joint
- Soft tissue, any region
- High definition (small parts) scan: Thyroid, breast lump, scrotum, etc.
- Study of the heart for foetal or paediatric cases including Doppler

Other.

- ECG / pulse Oximeter monitoring
- Electrocardiogram: With and without effort
- Electrocardiogram without effort: Under 4 years old
- Flow volume test: Inspiration / expiration

Pathology.

Biochemistry.

- Sodium
- Potassium
- Urea
- Creatinine
- Uric acid

Inflammatory markers.

- C-reactive protein

Bone and mineral metabolism.

- Calcium (corrected)

Carbohydrate metabolism.

- Glucose (random)
- Glucose (fasting)
- Glucose: POC
- HbA1C

Lipid metabolism.

- Cholesterol total
- LDL cholesterol (chemical determination)
- Triglyceride



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Liver, pancreas and others.

- Bilirubin: Total
- Bilirubin: Conjugated
- ALT
- GGT
- ALP
- Albumin
- Lipase

Endocrinology.

- TSH
- Free T4
- BHCG (quantitative)

Oncology.

- Prostate specific antigen
- Free PSA
- Stool occult blood

Haematology.

- Full blood count (includes differential)
- Haemoglobin
- Platelet count

Immuno haematology.

- Blood group: A, B and O antigen
- Blood group + Rhesus
- Rh antibodies
- Direct Coombs

Coagulation.

- Prothrombin time (INR/PI)

Other.

- Folic acid
- Vitamin B12
- Ferritin

Infectious diseases.

HIV related.

- HIV 4th generation ELISA (diagnosis >18 months of age)
- HIV PCR (diagnosis in infants <18 months of age)
- HIV viral load (quantitative)
- CD4 count
- Chlamydia trachomatis PCR
- Identification: Chlamydia
- Gonorrhoea
- Sexually transmitted disease PCR panel (where available)
- HSV PCR

Serology.

- Hepatitis A IgM+IgG (acute)
- Hepatitis B S antigen
- Rubella IgG
- Hepatitis B rapid test
- Brucella antigen test
- Syphilis serology
- Cryptococcal antigen (CrAg) on blood
- Typhoid (Widal)

Microbiology.

- MC&S
- Faeces (including parasites)
- Malaria smear
- Malaria antigen (rapid)

TB testing.

- TB microscopy (AFB)
- GeneXpert TB
- TB culture & sensitivity

Other.

- Urine-albumin
- Urine-protein
- Urine-creatinine
- Urine dipstick
- Pap smear
- Liquid-based cytology (cervical)
- Human papilloma virus (HPV) PCR



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Chronic conditions benefits.



Get the necessary care to manage ongoing chronic conditions, such as diabetes, hypertension, HIV and asthma.

What we cover.

Please note: You need to register on the Chronic Conditions Benefit Programme and update us if your treatment changes for these services to be paid from the chronic conditions benefit.



GP and specialist consultations



Prescribed medication*



Pathology



Basic radiology

Chronic Conditions Benefit Programme.

This programme helps you access the appropriate treatment for your condition, based on international clinical protocols and guidelines.

You qualify for the Chronic Conditions Benefit Programme if you have a chronic condition that:

- requires medication and treatment for more than three continuous months,

- is included in the chronic disease list on the next page, and
- where the treatment requested is within the Liberty Health Cover clinical funding protocols.



- See page 7 for the full list of chronic conditions we cover.
- See page 18 for more detail on how to register for the benefit and get pre-authorisation.



* Please note that some of our entry level plans only include prescribed medication to be paid from the Chronic Conditions Benefit.



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Chronic disease list



Please note that members on the Uganda Core Plan only have cover for the chronic diseases shown in bold in this full list.

- Acne
- Addison's disease
- **Allergic rhinitis**
- Alzheimer's disease
- **Anaemia**
- Ankylosing spondylitis
- Anorexia nervosa
- **Arrhythmias and conduction disorders**
- **Asthma**
- Attention deficit hyperactivity disorder (ADHD)
- Barrett's oesophagitis
- Benign prostatic hypertrophy
- **Bipolar mood disorder**
- Bronchiectasis
- Bulimia nervosa
- Cardiac failure
- Cardiomyopathy
- Chronic obstructive pulmonary disorder (COPD)
- Chronic renal disease
- Connective and soft tissue disorders
- Conn's syndrome
- Cor pulmonale
- **Coronary artery disease/Ischemic heart disease**
- Crohn's disease
- Cushing's disease
- Cystic fibrosis
- **Deep vein thrombosis**
- Dementia
- **Depression**
- Dermatitis/eczema
- Dermatomyositis
- Diabetes insipidus
- **Diabetes mellitus type 1**
- **Diabetes mellitus type 2**
- Diverticular disease
- **Dysrhythmias**
- Dystonia
- Endometriosis
- Enuresis
- **Epilepsy**
- Generalised anxiety disorder (GAD)
- Glaucoma
- Gastro-oesophageal reflux disorder (GORD)
- Gout
- Guillain-Barré syndrome
- Haemophilia
- Hepatitis
- **Hepatitis B**
- **HIV/AIDS**
- Huntington's disease
- **Hyperlipidaemia**
- Hyperparathyroidism
- **Hypertension**
- **Hyperthyroidism**
- **Hypothyroidism**
- Hypopituitarism
- Malabsorption syndrome
- Male hypogonadism
- Meniere's disease
- Menopausal and perimenopausal disorders
- Menorrhagia
- Motor neuron disease
- Multiple sclerosis
- Muscular dystrophy
- Myasthenia gravis
- Neuropathy
- Obsessive compulsive disorder (OCD)
- Osteoarthritis
- Osteoporosis
- Paget's disease
- Paralytic syndromes and associated complications
- Parkinson's disease
- Pemphigus
- Pituitary disorder
- Polyarteritis nodosa
- Polycystic ovarian syndrome
- Polymyalgia rheumatica
- Post-traumatic stress disorders
- Primary/idiopathic thrombocytopaenic purpura
- Psoriasis
- Psoriatic arthritis
- Psychotic conditions
- Pulmonary interstitial fibrosis
- Rheumatoid arthritis
- Rosacea
- Sarcoidosis
- Schizophrenia
- Scleroderma and systemic sclerosis
- Sicca syndrome
- Stroke
- Systemic connective tissue disorders
- Systemic lupus erythematosus
- **Thrombosis and embolism**
- Tic disorders
- Tourette's syndrome
- Transient ischaemic attacks
- Trigeminal neuralgia
- **Tuberculosis**
- Ulcerative colitis
- Urinary tract infection (chronic)
- Urinary incontinence
- Valvular heart disease
- Zollinger-Ellison syndrome



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Psychological wellbeing benefits.



Get the necessary treatment to manage your mental health and to live life optimally.

What we cover.

Please note: Some of these services require that you get pre-authorisation from us.



Consultations with psychologists, psychiatrists and social workers*



Prescribed medication*



Hospitalisation



* These two benefits are outpatient and pay from the day-to-day benefits, either acute conditions or chronic, depending on the diagnosis and treatment required. This is applicable to all plans.



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Maternity benefits.

Access all the care you and your baby need during and after your pregnancy.

What we cover.

Our maternity benefits include end-to-end day-to-day and hospital care for mothers and their babies, including benefits for high-risk pregnancies.

During pregnancy.

Available on selected benefit plans.

Out-of-hospital maternity care.

- Consultations
- Ultrasound scans
- Pathology tests:
 - VDRL
 - Rhesus blood group
 - Haemoglobin
 - HIV test
- Dipstick protein and glucose
- Down syndrome screening
- 1st and 2nd trimester serum biochemical markers
- Chorionic villus sampling
- Amniocentesis (subject to pre-authorisation)

Out-of-hospital maternity care for high-risk pregnancies.



A high-risk pregnancy is one that **threatens the health or life** of the mother or unborn baby.

Your doctor will let us know if you have a high-risk pregnancy. We will then appoint a case manager who will help you to access additional benefits based on your doctor's recommendations. These can include additional consultations and ultrasound scans.



Cover for a caesarean section.

Please note that we **do not cover** childbirth by caesarean section **unless**:

- it is deemed clinically necessary, and
- pre-authorisation has been obtained from us.

Neonatal care.

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



This benefit will apply from birth until the baby is discharged.

Postnatal depression.

- Medication
- Consultations
- Pathology

Childbirth and neonatal care.

In-hospital maternity care.

- Confinement (if you need to be separated from other patients)
- Childbirth (natural delivery)
- Midwives
- Cover of 15 days from the birth of the newborn baby under the mother's policy, subject to maternity hospital limits



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Hospital benefits.



Get comprehensive cover for the care, services and facilities you need, whether for an emergency or planned hospital admission.

What we cover.

We will pay the hospital bill and associated costs, for example, specialist consultations, anaesthetists, blood tests and X-rays from this benefit.

Please note: Some of these services require that you get pre-authorisation from us.

Hospital treatment and services.

- Hospital accommodation and general nursing services
- Diagnostic and laboratory tests
- In-hospital specialist consultations such as consultations with physicians, surgeons, anaesthetists, and physiotherapists
- Operating theatre charges
- Apparatus, material, ward and theatre medicines used in hospital

Includes:

- **High care**
A higher level of treatment, nursing care and monitoring than is available in a general ward.
- **Intensive care**
A higher level of treatment, nursing care and monitoring, when medically necessary, than is available in a high care unit.

Medicines to take home once you have been discharged.

- We will pay for 14 days of medication to take home.
- After that, any medicines required will be funded from your day-to-day benefit limits.

Specialised radiology.

Specialised radiology required in-hospital or out-of-hospital, including:

- CT scans
- MRI scans

Ambulance services.

In the case of a medical emergency where:

- the appropriate treatment is available locally, and
- the injured person cannot be transported in a standard vehicle,

we will pay for ambulance services to transport the patient to the nearest, appropriate in-country medical facility for treatment.

Non-emergency and cross-border ambulance services are subject to pre-authorisation and clinical funding protocols.

The mode of pre-authorised ambulance transport will be determined based on circumstances.



How to access ambulance services in an emergency.

- Contact your local ambulance service.
- At the hospital, present your Liberty Health Cover membership card.
- You or a family member should please notify your local Liberty Health Cover office of the incident **within two business days** (or, if the incident occurs on a weekend or public holiday, on the next business day) to obtain authorisation for the hospital admission.

Rehabilitation, private nursing and hospice care.

As an alternative to the need for hospitalisation, this benefit covers the cost of rehabilitation which may include private nursing/home care and hospice care. Services should be provided at a registered facility or by a registered healthcare provider. This must follow a hospital event and excludes costs associated with support for activities of daily living and frail care.

This benefit includes but is not limited to accommodation, nursing, medicines, auxiliary services such as physiotherapy and speech therapy, and consultations.

Access to this benefit is subject to pre-authorisation, available benefits, approval of the treatment plan and ongoing case management.



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Prostheses and devices.

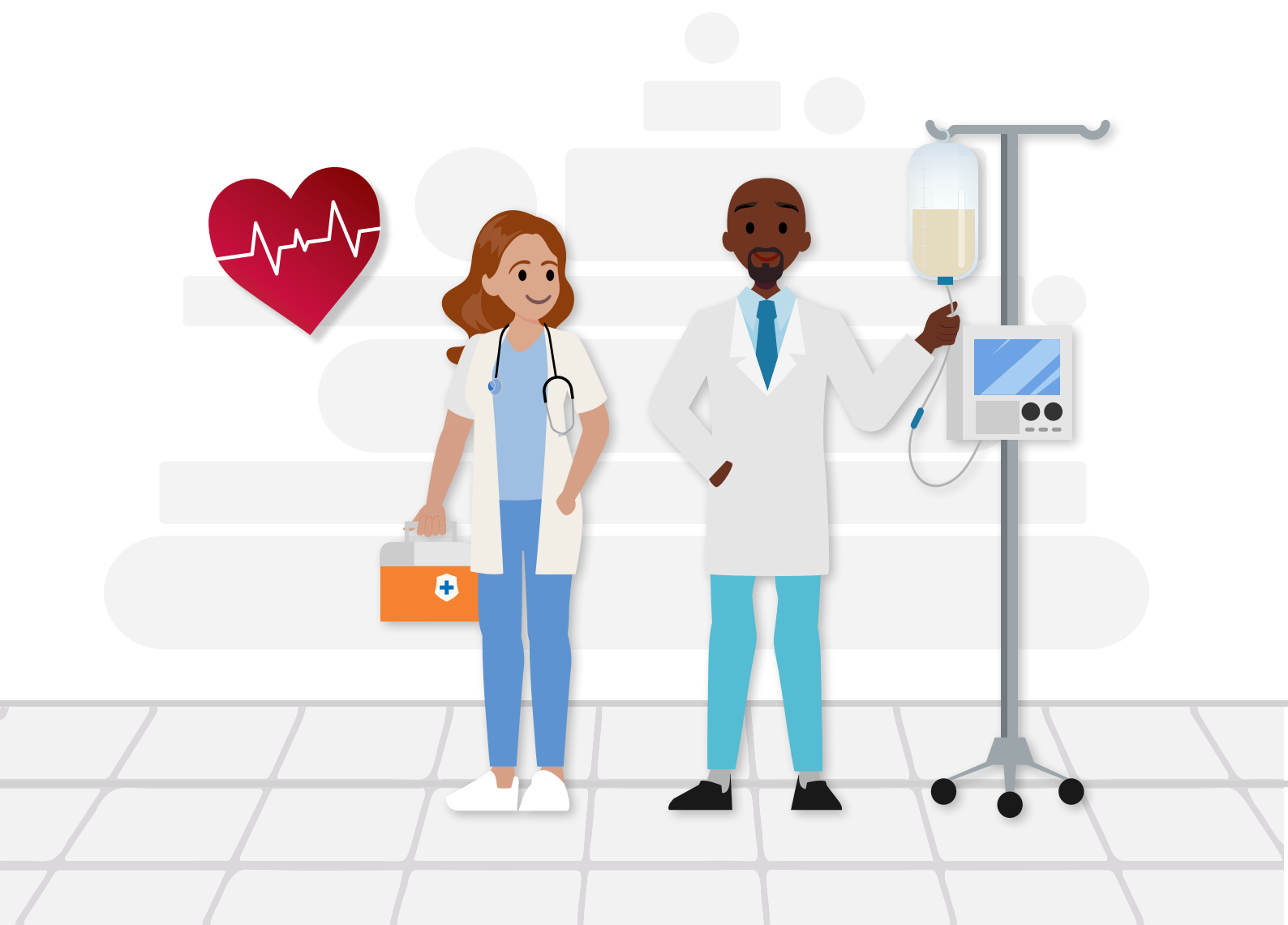
Artificial limbs, and internal (surgically implanted) prostheses, including:

- Orthopaedic prostheses, including hip replacements, bone lengthening devices, spinal plates and screws
- Endovascular devices
- Devices for the central nervous system, cardiac system and ophthalmic system
- Cochlear implants



How to get pre-authorisation.

For more detail about the hospital treatments and services that require pre-authorisation and what you need to do to get pre-authorisation, see page 17.



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Major disease benefits.



Access the specialist, long-term care you need for major diseases and procedures like cancer, kidney disease and organ transplants.

What we cover.

Oncology treatment.

We cover the costs of cancer treatment at a registered out-of-hospital or in-hospital treatment centre.

- Chemotherapy and medicine directly associated with the treatment of your cancer, subject to the available benefits and policy conditions
- Radiotherapy
- Specialised radiology such as CT/MRI scans, PET scans and bone scans
- Consultations
- Pathology
- Palliative or supportive care
- Basic radiology

We also cover treatment for a period of five years after active treatment to allow for adequate follow-up care once a patient is in remission. Once in remission, the type and frequency of healthcare services required for follow-up care will need to be pre-authorised depending on the type of cancer being monitored and the period of time that has passed since the initial diagnosis.



Is funding for any oncology treatment limited or excluded?

Our Oncology Benefit provides cover for most treatment. However, please visit the Oncology Benefit Programme page in the Members section of our website for lists of medicines that are:

- Limited to certain types of cancer and/or lines of therapy
- Excluded from cover

Organ transplants.

Available on selected benefit plans.

On certain benefit plans, we cover the cost of operations for kidney, heart, liver, lung, cornea or bone marrow transplants where you are the recipient of the transplant.

Other medical costs associated with an organ transplant that we cover include:

- Hospitalisation
- Consultations
- Anti-rejection drugs (in-hospital and out-of-hospital)
- Pathology
- Radiology
- Donor matching limited to immediate family members defined as biological parents, children and siblings



What we don't cover.

- Any costs related to or for the organ donor or cadaver, including organ harvesting and donor work-up testing
- Transportation of the patient or organ

Renal dialysis.

We cover the costs of renal (kidney) dialysis treatment in hospital or at a registered dialysis centre.

Other costs associated with renal dialysis that we cover include:

- Hospitalisation
- Consultations
- Medication
- Pathology



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International benefits.



Access international benefits on select plans that offer you a choice in location of care. Have peace of mind that when medically necessary, critical care and emergency medical evacuation are available.

International emergency medical evacuations.

Available on selected benefit plans.

When this applies.

This benefit applies to a medical emergency where the medically necessary care is not available locally.

What we cover.

- Transportation (ambulance or air travel) to be evacuated from the country where the medical emergency occurred to the nearest, available medical facility within the region of cover for your benefit plan
- Accommodation and food
- Return transport to your country of residence
- Repatriation of mortal remains



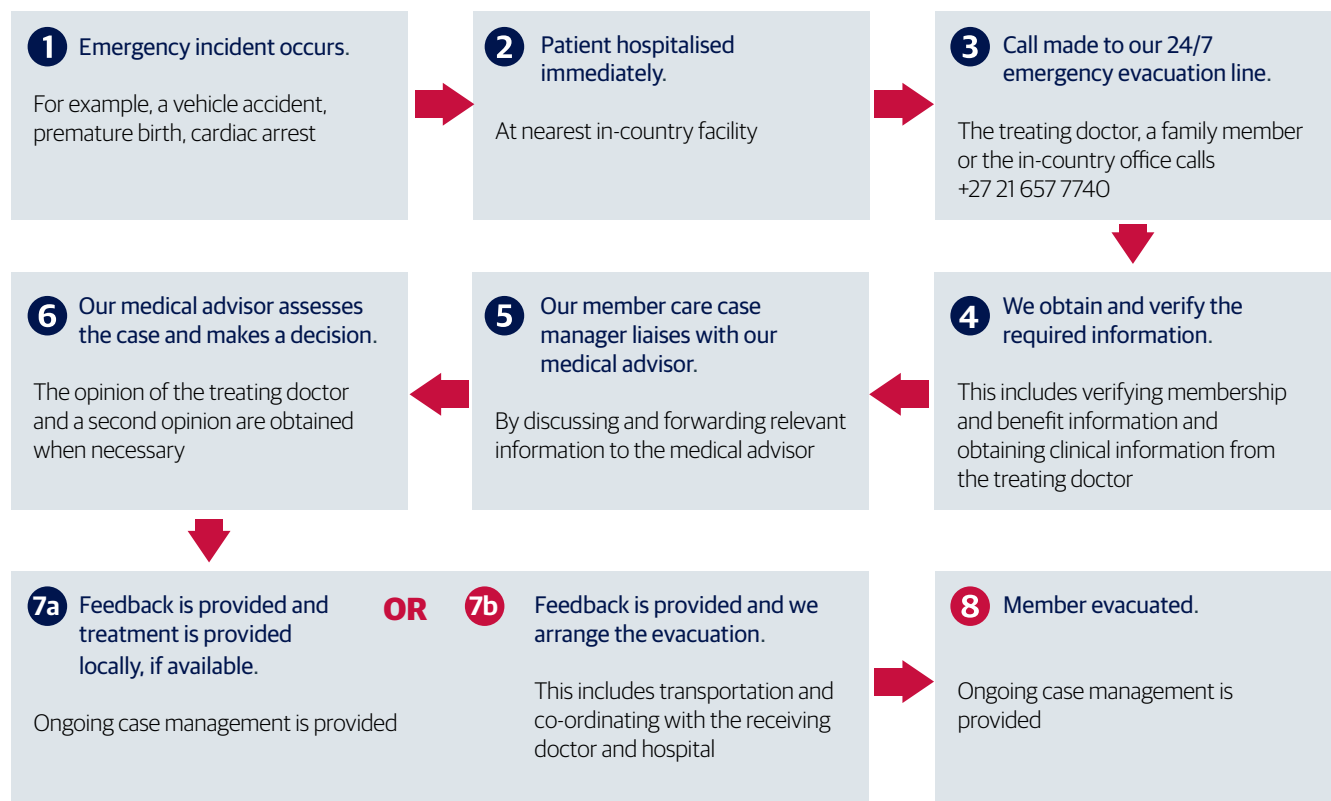
What we cover applies to **the patient and one companion** (who may travel with the patient if the patient is a child or unable to travel without assistance)



Important contact numbers.

- 24-hour international emergency medical evacuation: +27 21 657 7740
- In-country emergency contact numbers: See the 'Contact us' section at the end of this guide (page 27).

How it works.



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Critical care benefit.

Available on selected benefit plans.

What we cover.

- In the event of a medically necessary, non-emergency life threatening condition where treatment for inpatient care is not available locally, we cover:
- Treatment costs at the nearest appropriate medical facility in the region of cover for your benefit plan
 - Transportation and accommodation. For more information on what we cover regarding travel and accommodation, please see the 'Travel and accommodation cover' section on page 15.
 - Follow-up care that is received locally. If the necessary level of care is not available locally, a maximum of one follow-up consultation at the nearest appropriate facility that offers treatment may be considered within a year of the initial Critical care medical travel event
 - Repatriation of mortal remains



What we don't cover.

- Experimental treatment
- Second opinions
- Treatment for the deterioration of a chronic condition
- A specific treatment that is not available in-country where an alternative clinically appropriate treatment is available in-country
- Any treatment that is self-funded outside the region of cover without pre-authorisation
- Standard policy exclusions
- Supportive care (care not aimed at a cure but to relieve symptoms)

Examples of when the Critical care benefit will or won't apply.

✓ COVERED		
Condition	A young boy is born with a heart defect that could lead to his death within the next two years if he does not have surgery to correct it.	A teenage girl has abnormal blood vessels in her brain that could lead to sudden death if not treated soon.
Required treatment and availability	<ul style="list-style-type: none">• Specialised paediatric surgery that will result in a normal lifespan.• Surgery is not available locally.	<ul style="list-style-type: none">• Specialised minimally invasive surgery that will help avoid sudden death and give her a normal lifespan.• Surgery is not available locally.

✗ NOT COVERED		
Condition	A woman suffers from hip or knee arthritis (that is, it's not a life-threatening condition).	A man has a brain tumour, which if not treated would eventually lead to his death.
Required treatment and availability	The necessary surgery may or may not be available locally, but because it's not a life-threatening condition it won't qualify for the Critical care benefit.	The necessary brain surgery is available locally, so it won't qualify for the Critical care benefit.



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Travel and accommodation cover.

Applies only to International Emergency Medical Evacuations and Critical care cases.

What we cover.

- **Air travel**
 - An air ambulance (applies to International Emergency Medical Evacuations only)
 - A return economy class flight
 - A return economy class flight for a pre-approved companion (where relevant), subject to the limit in the patient's Liberty Health Cover Benefit Table.
 - A companion may travel with the patient if the patient is 18 years of age or younger, or is unable to travel without physical assistance as recommended by the treating doctor.

We fund related accommodation, food and local transport for the patient (unless they are in hospital) and a pre-approved companion (where applicable). This is subject to the limit in the patient's Liberty Health Cover Benefit Table.



What we don't cover.

- Accommodation and travel costs which have not been pre-authorised
- Transport or accommodation costs for second opinions or self-referrals
- Accommodation costs for the night before or after treatment or admission to hospital, if you choose to travel early or stay beyond the days that we've pre-authorised
- Transport or accommodation benefits for treatment that is considered cosmetic, including cosmetic orthodontics and optometry services
- Travel insurance
- Sundry costs such as internet access, pay-per-view TV, telephone, laundry, mini bar, and gratuities
- Visa costs
- Transport costs from your place of residence to the airport and back
- Car rental
- Airport or long-term parking costs
- A living allowance if you stay with friends or family
- Additional accommodation costs for the patient once admitted to hospital as hospital costs are in place of accommodation costs



Travel and accommodation are subject to pre-authorisation and availability of benefits.

Additional travel and accommodation information for members in Zambia.

Members in Zambia can also access:

- **Road travel (applies to Critical care cases only)**
 - In-country road travel where the facility or provider is 200km or more from the patient's current residence.
 - Fuel costs if a private vehicle is used to travel. Fuel refunds are subject to submission of receipts that correlate to the travel distance and dates.
- **Claiming for reimbursement for road travel**

Pre-approved transport and accommodation costs are paid on a reimbursement basis unless arranged and booked by us. To claim your in-country travel costs, you must:

 - Complete the standard travel reimbursement form (contact us for the form) giving the point of departure, final destination and distance travelled.
 - Submit the form with the fuel receipt(s) that clearly shows the date fuel was obtained.

Return of a deceased person's remains.

Applicable to both emergency evacuations and critical care.

When this applies.

If you or one of your dependants die outside your home country during an international medical emergency evacuation or critical care transfer.

What we cover.

- Preparation of the mortal remains
- Transportation of the remains from the place of death to the home country, provided that the home country is on the African continent
- A standard repatriation coffin

Elective roaming.

Available on selected benefit plans.

When this applies.

If you choose to seek medical treatment outside your country of residence but within the region of cover for your benefit plan.

What we cover.

The cost of the treatment, based on your available benefits and policy conditions (please note that travel and accommodation costs are for your own account).



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Exclusions.

There are certain medical costs and services that are not covered on any of the Liberty Health Cover benefit plans.

While we offer comprehensive benefits across all our plans, like many health insurers, there are certain medical costs and services that we do not cover. These are called exclusions and the most common ones include but are not limited to:

Surgeries and medical treatments.

- Cosmetic treatments and plastic surgery, including removal of keloidal scar tissue
- Services or treatment in any home, spa, hydro-clinic, sanatorium, or frail care facility
- Treatment related to infertility, impotence or sexual dysfunction
- Treatment by the member himself/herself or family member or spouse
- Experimental or pioneering medical and surgical techniques not commonly available that you choose to receive even though treatment for the relevant medical condition is available within the Region of Cover of the benefit plan
- Hospital treatment if the patient could have been treated appropriately for the condition outside of hospital
- Costs or benefits payable under any legislation or corresponding insurance cover for occupational death, injury, illness or disease, including fit-for-work and occupational health assessments
- Services or treatments where pre-authorisation should have been obtained and was not

Personal care.

- Soaps, scrubs and other cleansers
- Toiletries
- Sunscreens and suntanning preparations
- Humidifiers

Eyecare.

- Sunglasses, readers, coloured contact lenses, contact lens preparations and any optical frames and lenses not used for the purposes of correcting a refractive error
- Refractive eye surgery or laser eye treatment

Other.

- Charges for appointments not kept
- Travel costs or non-medical costs
- Autopsies
- Unregistered medicines
- Sleep therapy
- Search and rescue
- Dental implants
- Anti-smoking preparations

Other exclusions.

General health and fitness.

- Anabolic steroids and testosterone
- Treatment for obesity
- Slimming preparations
- Cosmetic breast surgery, e.g., reductions/enlargements/mastopexy and procedures for any complications resulting from prior cosmetic breast surgery
- Management of gynaecomastia
- Massages
- Food and nutritional supplements, including baby food and special milk preparations
- Vitamins (including multivitamins), mineral supplements, tonics or any combination thereof

Hair removal and hair loss.

- Medicated shampoos and conditioners, including those for hair loss
- Treatment for hair removal



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Pre-authorisation.

Have peace of mind that you will receive the most appropriate and cost-effective treatment.

It's important to know when and how to get pre-authorisation, so that you can have peace of mind that the costs of the benefits and services you require will be paid. If you do not get pre-authorisation, your claim may not be paid.

Pre-authorisation is granted based on the following:

- The validity of your membership
- Clinical appropriateness of the treatment
- The level of care and the length of your hospital stay (where applicable)
- The Liberty Health Cover policy conditions
- Evidence-based clinical guidelines
- Your available benefits



How to obtain pre-authorisation.

Unless a specific process for obtaining pre-authorisation is given in any of the benefit sections below, please follow this process to obtain pre-authorisation.

You or your treating provider can contact us to obtain pre-authorisation by:

- calling your local Liberty Health Cover office, or
- emailing the required information to us.

For contact details visit www.libertyhealth.net, or see the 'Contact us' section at the end of this guide (page 27).



Pre-authorisation does not necessarily guarantee we'll pay for the treatment.

While we make every effort to ensure claims are paid, for example by confirming the validity of your membership and your available benefits, we may not cover the costs if events beyond our control affect the validity of the claim.

- Cancer/oncology treatment
- Renal (kidney) dialysis
- Organ transplants (selected benefit plans only)
- Specialised radiology, including CT and MRI scans
- Emergency medical transfers, including evacuations



You must get pre-authorisation at least **two business days before** your planned treatment or before you are admitted to hospital. This gives us time to ask for any additional information from you we may need.

Hospitalisation.

You or the treating provider should supply us with the following information:

- The patient's membership number
- Patient details: name and date of birth
- Treating doctor details: name, telephone number and practice number
- Hospital: name and practice number
- Reason for admission or casualty visit
- Codes: tariff and ICD-10 code(s)
(ICD-10 codes identify medical diagnoses and help us understand why the care you were provided was necessary.)
- Date of admission and proposed date of the procedure
- If the procedure will be performed out of hospital: the provider's name and practice number

Once you have pre-authorisation you will receive:

- A pre-authorisation number
- The approved number of days in hospital (if a stay is required)

Please provide this information to the treating provider.

Hospital treatments and services.

Treatments and services that we cover once you have pre-authorisation.

- Hospitalisation and standard in-hospital procedures
- Dental surgery, maxillofacial surgery, orthodontics and any specialised dentistry that requires hospitalisation
- Hearing aids, wheelchairs, blood pressure monitors, orthopaedic boots and glucometers



What happens if you have to stay in hospital for longer than planned?

The hospital case manager will inform us. We will pay for the additional day(s) if:

- the request meets the relevant clinical criteria and complies with the Liberty Health Cover policy conditions, and
- sufficient benefits are available.



Click on the hand icon to the left to return to the categories of cover.
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Medical emergencies.

What qualifies as a medical emergency?

An emergency medical condition is a condition that:

- happens suddenly and unexpectedly, and
- requires immediate medical or surgical treatment where failure to provide this treatment would result in serious impairment of bodily functions, serious dysfunction of a bodily organ or part, or would place the person's life in danger.

How to obtain pre-authorisation.

Please contact us according to the instructions on the previous page:

- within 2 business days of the event, or
- if the incident occurs on a weekend or public holiday, contact us on the next working day.



If you are unable to contact us because of the nature of the emergency, a friend or family member can contact us for pre-authorisation.

In-hospital dental procedures.

What we cover.

We will pay your accounts from the hospital, dentist and anaesthetist from the hospital benefit (subject to relevant sub-limits) for the following dental procedures:

- Removal of impacted wisdom teeth
- In-hospital dental trauma that involves treatment related to:
 - Facial fractures
 - Cancers
 - Congenital abnormalities
- Orthodontic treatment for dependants up to the age of 21 years

How to obtain pre-authorisation.

Send us the orthodontic quote and motivation.

Oncology benefits.

How to register for the Oncology Benefit Programme.

If you are diagnosed with a cancerous condition, together with your doctor or specialist, please send the following to oncology@libertyhealth.net or to your local Liberty Health Cover office:

- A completed application form (available on our website, or by emailing oncology@libertyhealth.net)
- The histology report (laboratory results confirming the cancer diagnosis)

Please update us on changes to your treatment.

You and your doctor or specialist should update us on any changes to your treatment. This will help to ensure that your related claims are paid from the appropriate and available benefits.

Chronic medication.

How to register for the Chronic Conditions Benefit.

By registering for the benefit, you ensure that claims for your chronic condition are paid from an extended benefit allowing your day-to-day benefits to last longer. Once the registration has been processed, treatment for your chronic condition will be pre-authorised.

1. Get the application form

You or your doctor can obtain a Chronic Medicine application form by:

- emailing chronicmedicine@libertyhealth.net, or
- requesting it from your local Liberty Health Cover office, or
- accessing it from the 'downloads' section of our website.

2. Complete the form

Complete the form together with your doctor or specialist.

3. Submit the form

Submit the completed form to chronicmedicine@libertyhealth.net or to your local Liberty Health Cover office.

Once you have pre-authorisation, the medicines can be dispensed, provided you have a handwritten script from your doctor for the medicines.



Why would the request to pre-authorise my chronic medicines be declined?

Your request might be declined if:

- the medication is not funded as per our clinical funding protocols,
- insufficient information has been supplied, or
- the condition you are applying for is not included on the chronic disease list (see page 7).

If your case was declined because of insufficient information, your doctor should provide the requested information to us and we will reconsider your request.



What to do if your chronic medication changes.

- Notify your local Liberty Health Cover office of the change.
- Your chronic medicine specialist will tell you the requirements, if any, to have the changes activated. We may require additional documents to approve the request.
- Keep in mind that the new medicine may not be covered, for example, if it falls outside our clinical funding protocols.



Click on the hand icon to the left to return to the categories of cover.
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How to submit a claim for reimbursement.

Simply follow the steps below to submit a claim.

When to claim.

- If you visit a **Network healthcare provider**, the provider will claim directly from us. The provider should give you a copy of the claim to check if the details (see below) are correct before submitting it to us to process for payment. You can also keep this copy for your records.
- If you visit a **non-Network healthcare provider** and they ask you to pay for treatment upfront, (from your own pocket). If your benefit plan covers treatment from non-Network providers, you can **submit a claim for a refund** using the steps below.
- Some plans, including the **Uganda Core Plan**, do not cover payment for claims from non-Network healthcare providers.

01



Check the details on the healthcare provider invoice.

It is your responsibility to verify that you received the treatment that appears on the invoice – only sign the invoice if you agree with the details.

Details that must be on the invoice/claim.

Having these on the claim helps us to process them quickly and correctly:

- Your policy/membership number
- Patient's name, surname and date of birth
- Name of treating healthcare provider
- Facility name (for example, Africa Medical Clinic)
- Pre-authorisation number (if applicable)
- Date of service (for hospitalisation, please include admission and discharge dates)
- Diagnosis
- Detailed description of treatment/service/medication for each item received/provided, including the quantity (for example 30 Disprin, 3 days in general ward)
- Tariff code (if available)
- Amount charged per service or treatment received
- Total charged (must be the sum of the individual amounts charged on the account)
- Date of the account and account reference number
- Signature of the insured person, or the principal member if the insured person is a minor
- Signature of the healthcare provider

The claim must be clear, detailed and easy to read.

02



Check that we have your correct bank details so electronic payment from us reaches you.

You can check the banking details we have on record for you by logging on to your online profile (see page 24) or calling your local Liberty Health Cover office. If you need to add or change your bank account details, please send the following (not older than three months) to membership@libertyhealth.net:

- A completed 'Bank Details Form' (get it from the 'downloads' section of our website, request it from membership@libertyhealth.net, or contact your local Liberty Health Cover office)
- A certified copy of your ID or passport

Please note: If the account holder is not a member of Liberty Health Cover, the principal member must please provide us with a signed letter to give consent to pay the refund into the third party's bank account.



Click on the hand icon to the left to return to the categories of cover.
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03



Submit your claim within 120 days from the treatment or discharge date.

Email or post/hand-deliver the following documents to your local Liberty Health Cover office:

1. The signed invoice from your healthcare provider
2. Proof of payment*

Please see the 'Contact us' section on page 27 for the latest contact details of your local Liberty Health Cover office.

* Proof of payment.

We only accept the following as proof of payment:

- A copy of the electronic (EFT) payment that can be downloaded from your online banking profile.
- A debit/credit card transaction slip/machine printout.
- A cash receipt, which is a printed or written document showing the amount of cash received from a customer during a cash sale transaction.

Please note that we do not accept a written note indicating 'paid' or a 'paid' stamp. We may also request further documents to support your claim for reimbursement, and when necessary, we may need to verify receipt of services and treatment with your healthcare provider.

Posted/hand-delivered claims.

If you post or hand-deliver your claim, make a copy of the documents for your records.

If you need assistance or have any queries, please contact your local Liberty Health Cover office (see page 27).

04



We will pay your claim according to your available benefits and your Liberty Health Cover policy conditions.

When can you expect payment?

Payments are made weekly and may only reflect in your bank account after a few days, depending on which bank you use. A delay may be experienced in finalising your claim, should additional information be requested/required.

What if your claim is not paid?

If your claim is only partially paid or rejected as incorrect or unacceptable for payment, please check your statement and resubmit a correct claim within 60 days of the date of notification of rejection.

How will you know if your claims were paid?

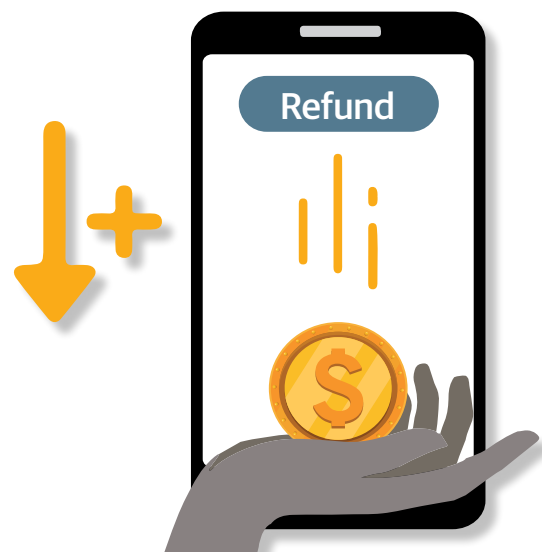
• Check your emailed statements

You will get a weekly statement showing all claims that were processed during that week. (Please make sure that we have your correct email address so that these statements reach you.)

If you are not receiving your statements via email, please contact your local Liberty Health Cover office (see page 27).

• Log on to your online profile

You can also view your claims history on your secure online profile (see page 24).



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Managing your membership.

Everything you need to know about managing your membership and your cover under this policy.

Comprehensive health insurance for you and/or your dependants.

Your employer has chosen to take policy cover for their employees and/or dependants with Liberty Health Cover. You and/or your dependants are covered unless one of you:

- is covered under your spouse's benefit plan or medical scheme with another insurer, or
- is already covered by us through another Liberty Health Cover policy.



Can you belong to another health insurer at the same time as Liberty Health Cover?

When it comes to insurance, claims for a particular event should only be claimed from one insurer.

Liberty Health does not allow duplicate cover, however, it may be that in your country this is allowed by law. Please enquire with your local HR department if you have more than one health insurance policy or contact us for assistance.

In countries where duplicate cover is not expressly permitted, we retain the right to decline funding of claims covered by another insurance policy.

Non-disclosure of information in your application.

It's important to answer all questions on the Liberty Health Cover application form honestly and fully.

If you:

- make a false declaration, or
- knowingly fail to disclose that you are suffering from an illness or condition at the time of the application...



...we may, at our discretion and with written confirmation:

- limit or exclude certain benefits from the policy,
- not pay certain claims, and/or
- cancel the policy.

When you are covered.

When cover starts.

- You will be covered from your employment start date.
- In the case of newborns, cover starts from the day of birth provided that you notify us in writing within 60 days from the date of birth.



If you join after the start date of your employer's policy for cover with us, the annual day-to-day benefit limits will be pro-rated on a monthly basis to reflect that cover does not apply for a full year.

When cover ends.

Your cover under this policy will end when any of the following occur:

- Your employer gives us 90 days' written notice to cancel the policy. (Your cover will end at the end of the 90 days' written notice.)
- Your employment is terminated, for example, you resigned, retired, or were dismissed. (Your cover will end at the end of the month of termination.)
- The premiums due under this policy, as per the Liberty Health Cover policy conditions, are not paid.

Your dependants' cover will end when:

- they no longer qualify to be a dependant or child dependant, or
- you are no longer insured under the policy.

Adding dependants to your policy.

How to add dependants to your policy.

If your employer provides Liberty Health Cover to you and your dependants, you can add them to your policy. To do so:

1. Obtain the relevant documents from your HR department.
2. Complete the documents in full and submit them to HR.
3. HR will send us the documents for processing.



Click on the hand icon to the left to return to the categories of cover.
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Who qualifies as a dependant?

- A spouse, living-in partner or child (as defined below) of the principal member
- A spouse, living-in partner or child (as defined below) of a deceased principal member (subject to the approval of your employer)
- A natural child, stepchild, legally adopted child, or any child placed in the care and custody of the principal member or the principal member's spouse or living-in partner, or where there is a liability for financial support enforceable by a court of law.

A child dependant must be financially dependent on you and not be earning a living, and be:

- up to the age of 21 (inclusive), or
- between the ages of 22 and 25 (inclusive) and able to provide proof of registration, each year, as a full-time student at a recognised educational institution (student cards do not qualify as proof). If no proof of studies is received, the dependant will be resigned at the end of the Policy Year in which they turned 25 years old, or
- dependent on you due to mental or physical disability. (We may request a copy of the doctor's medical report confirming permanent disability.)



When to register dependants for cover under your policy to ensure their cover is not subject to waiting periods.

- A newborn child – within 60 days of the birth date
- An adopted child or child placed in your custody – within 60 days of the adoption or custody date
- A newly married spouse – within 30 days of the marriage date

Underwriting.

Underwriting will be applied in the following instances:

Where the group has less than 10 employees when it joins, or at the time of policy renewal, all beneficiaries will be subject to underwriting.

Where the group has more than 10 but less than 30 employees, all beneficiaries will be subject to underwriting for pre-existing conditions if a beneficiary joins:

- More than 30 days after the date of employment
- More than 30 days after the date of marriage
- More than 60 days after the date of birth or adoption

When it applies.

- From the date that your cover starts. It applies to any members on the policy who have a pre-existing condition.
- The duration of the waiting period will be shown on your member certificate.



A pre-existing condition is a health condition you were diagnosed with, treated for or given advice about before you applied for cover.

What it means.

During this period you are not entitled to claim any benefits relating to the pre-existing condition.

In addition, please note that higher premiums may apply due to the pre-existing condition. We also reserve the right to decline your application based on your occupation, health status and any hobbies you may practise.

Transferring your benefits.

Please note that you may not allow someone else, who is not a registered dependant, to use your health insurance to pay for their healthcare.



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Your membership card.

Your card gives you access to healthcare services according to your cover, so make sure you always have it with you and keep it safe.

What to do if your personal details change.

We always need your latest email address and primary or main mobile number to reach you with important information.



If we do not have your email or mobile number, or if your contact details change, please contact us or your HR department immediately. We will update the details we have for you on our system and, if necessary, to send you a new card.

What to do if your card is lost or stolen.

- Inform us immediately by either calling or emailing your local Liberty Health Cover office.
- If you don't, you may be held personally responsible for any claims paid through misuse of your card.

When your cover ends you must return your card to us.

- Your membership card remains the property of Liberty Health Cover and you must please return it to us or to your HR office if your cover ends.
- If your card is used to visit a healthcare provider after your cover has come to an end, you will be responsible for these costs.

Fraud.

What happens if your card is used fraudulently?

If any claim you submit is found to be false or fraudulent, or if you/your dependants/anyone acting on your behalf use fraudulent means to obtain benefits under your health insurance cover:

- your cover may be cancelled immediately and you may lose all your benefits and premiums paid, or
- your employer's entire policy may be cancelled immediately and all benefits and premiums paid may be lost, and
- we may also take legal action.



How to report suspected fraud.

To report suspected fraud, or any unethical behaviour related to your Liberty Health Cover, please:

- email: fraud@libertyhealth.net, or
- call us on the anonymous hotline number for your country. To find the number, go to www.libertyhealth.net and click on the 'Fraud' link at the bottom of your country's web page. Once you are on the 'Fraud' page, scroll to the bottom to find the hotline for your country.



UGANDA

Membership Number: XXXXXX
Dependant Code: 02
Main Member Name: Mr XXXXXXX
Main Member Surname: XXXXXXX
Employer Group: XXXXXXX
Plan: CLASSIC
First Name: Mr XXXXXXX
Surname: XXXXXXX
Date of Birth: xx/xx/xxxx
Benefit Start Date: 01/08/2016
Benefit Plan: CLASSIC

PHOTO OF
MEMBER
WHEN
REQUIRED

Contact No./Pre-authorisation No.: XXX

International Emergency Evacuation No.: XXX

* Please note that membership cards may look different in certain countries.



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Online self-service facilities.

You have secure access to your membership information and helpful wellbeing resources 24/7, all year round.



Available platforms.

Our website.

Visit www.libertyhealth.net to register for the secure online self-service facility

The Liberty Health App.

You can download the app from the Google Play or iOS app stores by clicking on the relevant icons below:



How to register.

1. Click on 'Register'.
2. Enter your personal details, as they appear on your Liberty Health Cover membership card or membership certificate, and choose a password.

If you need help with the registration process, call your local Liberty Health Cover office or email us at info@libertyhealth.net



What information you can access.

Your membership information.

- Your personal and contact details
- Your bank details
- Information about your dependant(s)

Your benefits.

- Your policy status and joining dates
- Details about any waiting periods for you and/or your dependants

Claims and statements.

- Details of your current claims
- You can also search for claims by date, healthcare provider numbers or your membership number
- View statements for up to 36 months

Healthcare providers you can visit.

A click-through to the Liberty Wellbeing platform.

You can access the Liberty Wellbeing platform from the website portal or app, or by visiting: <https://online.libertyhealth.net/wellbeing>. The platform offers a free online health assessment and helpful information about developing healthy habits, managing your chronic conditions, and improving your quality of life.



We aim to continuously improve our online tools, so please use this convenient service and submit any suggestions to improve them to info@libertyhealth.net.

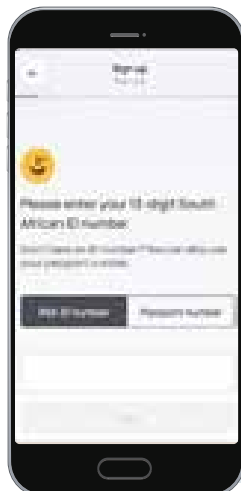


Click on the hand icon to the left to return to the categories of cover.
Click on the list icon in the navigation strip to return to the Contents pages, or the arrows to go to the previous/next page.

How to use the Unu app (only for Uganda Core Plan members).

Access your membership info & useful health tools 24/7.

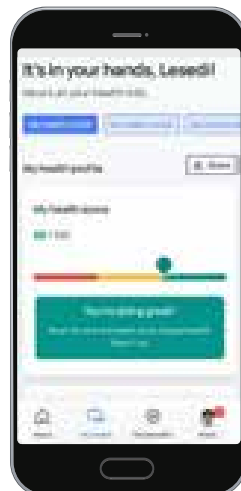
Please note that the Unu app is exclusively available to members enrolled in the Uganda Core Plan.



01

Get started.

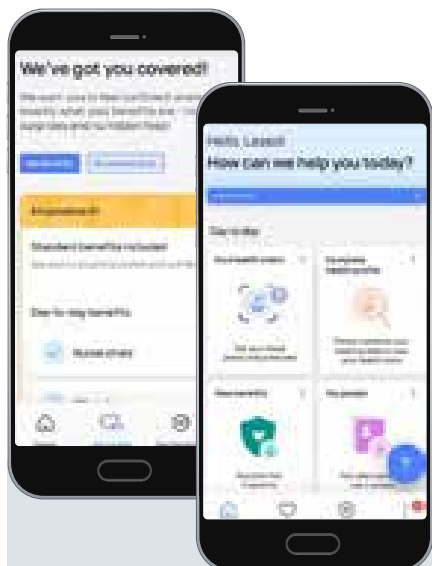
- Click on the welcome SMS link
- To download the Unu app, just type <https://app.unuhealth.org/> on your phone's browser and click on 'Continue'
- Enter your mobile number, and ID or passport number
- Accept the Ts & Cs



02

Get your health score.

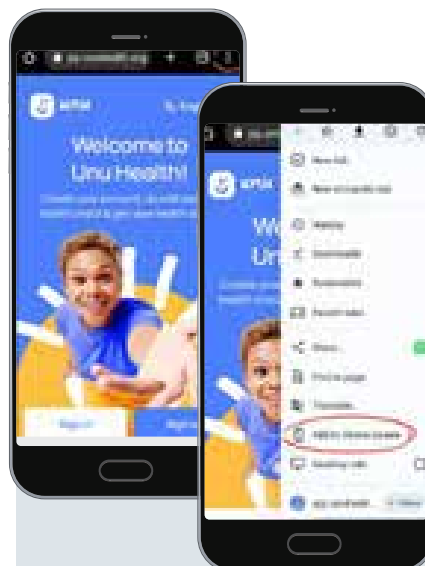
- Once you've signed up, create a health profile with a 5-minute health check
- Click on my 'My health' icon
- Then click on 'My health profile' tab to view your health score



03

Get medical help.

- Click on the 'Get medical assistance' button
- Follow the prompts to chat to a nurse telephonically



04

Get Unu on your home screen.

- On the right of your browser, you'll see three dots
- Click on the dots and choose 'Add to Home screen' from the drop-down
- For iOS, click on the 'Forward' icon at the bottom of the screen and choose 'Add to Home screen' from the drop-down



For more information on how to use the app for online GP consultations, or to get approval for in-person doctor and specialist consultations, please see page 26. We encourage you to do so, as without approval, the co-payment on your Uganda Core Plan Benefit Table applies.



Click on the hand icon to the left to return to the categories of cover.
Click on the list icon in the navigation strip to return to the Contents pages, or the arrows to go to the previous/next page.

Steps for online consultations and referral to a doctor.

Please note that this is only applicable to the Uganda Core Plan.

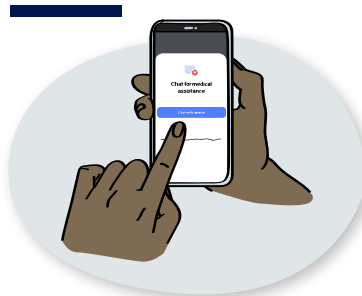
01



Log into the Unu app.

Click on the welcome SMS link. To download the Unu app, just type **app.unuhealth.org** on your phone's browser & click continue.

02



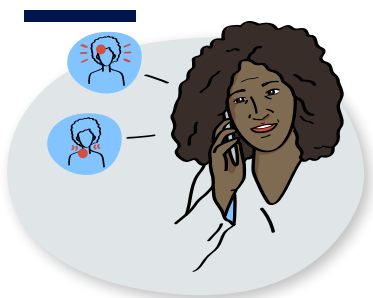
Click to **get help from a nurse**.

03



One of our **qualified nurses** will **phone you back** within 30 minutes.

04



The **nurse** will **discuss your symptoms** with you.

05



If the nurse, after reviewing all your symptoms, feels that you need to see a doctor, they will book an **online** consultation (**telemedicine**) for you with one of our panel doctors.

06



If your symptoms warrant an **in person** consultation you will be referred to **one of our panel doctors** for a face to face consultation.

07



Our nurses & doctors are available from **8am – 5pm, Monday to Saturday, including public holidays**.

08



You can also get help from a nurse by **calling our contact centre**.



- All in person doctor and specialist consultations need to be pre-authorised by the nurse for funding.
- These type of consultations have benefit limits. Our nurse will tell you how many consultations you have remaining for the benefit year.
- If you need to see a doctor or specialist after hours, you'll have to contact the Liberty Health Cover 24-hour number in Uganda to confirm available benefits.
- If you consulted a doctor or specialist after hours, you must contact us via the Unu app within 48 hours or two business days to get authorisation to avoid a co-payment.



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Contact us.

If you have any questions or requests, you are welcome to contact us by email, telephone or in writing.



Please remember to use our online self-service facilities to save you time on general queries and to see if your claims have been paid (see page 24 for more information).



Keep an eye on our website for updated contact details.

If you have difficulty reaching our offices, please visit our website at www.libertyhealth.net. We will post any new contact details on your country's 'Contact us' page.

Kenya

Address	Heritage Insurance Company Ltd, Liberty House, Processional Way PO Box 30390 00100 – GPO, Nairobi, Kenya
Tel	+254 711 076 333 (24 hours) +254 20 278 3000 (business hours) +254 711 039 000 (mobile - business hours)
Email	info@heritage.co.ke
Emergencies (24 hrs) / Pre-authorisation	+254 711 076 333 +254 728 111 001/002 +254 733 750 004 +254 733 550 050 +254 728 607 689 healthcareundertakings@heritage.co.ke
Claims	Send to physical address, or email: claims.medical@heritage.co.ke

Lesotho

Address	Liberty Life Lesotho, Unit 39, Maseru Mall Thetsane, Maseru, Lesotho
Tel	+266 2231 4589 +266 2221 2799 +266 6326 4438 (after hours)
Email	infolesotho@libertyhealth.net
Emergencies (24 hrs) Pre-authorisation	+266 2231 4590 +266 2231 4590 membercare@libertyhealth.net
Claims	Hand deliver to physical address, or email: lesotho.claims@libertyhealth.net

South Africa

Address	Liberty Health, Liberty Building Estuary Precinct, Century Boulevard Century City, 7441, Western Cape, South Africa
Tel	+27 21 657 7740
Email	info@libertyhealth.net
Pre-authorisation	Office hours: +27 21 657 2666 After hours: +27 21 657 7740 membercare@libertyhealth.net oncology@libertyhealth.net
Oncology pre-authorisation Chronic medication pre-authorisation	chronicmedicine@libertyhealth.net

Uganda

Address	Liberty Life Assurance Uganda Limited, Madhvani Building, Plot 99-101, Buganda Road, Kampala, Uganda PO Box 22938, Kampala, Uganda
Tel	+256 414 233 794 +256 312 233 803 +256 414 231 983 +256 312 304 000
Email	operationsuganda@libertyhealth.net
Emergencies (24 hrs)	Members: +256 779 558 733 Providers: +256 772 578 323
Pre-authorisation	+256 312 304 000 +256 779 558 733 operationsuganda@libertyhealth.net
Claims	Send to physical address, or email: operationsuganda@libertyhealth.net



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Zambia

Address	Liberty Life Insurance, Kwacha Pension House , 1 st Floor, Stand 4604, Tito Road, Rhodes Park, Lusaka, Zambia
Tel	+260 211 255 540/541
Email	zambia@libertyhealth.net
Emergencies (24 hrs)	+260 955 256 871 +260 965 205 113 +260 970 636 660
Pre-authorisation	+260 211 255 540/541/536 preauthzam@libertyhealth.net
Claims	Send to physical address, or email: zambia@libertyhealth.net



24-hour international medical emergency evacuation on select plans: +27 21 657 7740

New social media channels for engagement with all our stakeholders.

We are continuously improving access to news and information via our digital and social media channels. In addition to LinkedIn, we've also introduced a Facebook page. Please make sure to like and to follow us on these platforms:



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FIND US IN AFRICA

Contact us to find out more about how we can help meet your health insurance needs

You can contact the Liberty Health head office using the details below, or visit www.libertyhealth.net for the details of your local in-country office.

Liberty Health head office

T +27 (0) 21 657 7740

E info@libertyhealth.net

sales@libertyhealth.net

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CC, 16 January 2025, v9