

GHANA | Liberty Health Cover corporate and SME benefit table 2024

This table will give you an overall summary of the benefits we offer. Please read this summary together with the Liberty Health Cover Policy Conditions, which provides more detailed information. The annual benefit limits per insured person for the year are in Ghanaian Cedi (GHS).



Benefit plan	Global Elite	Plus Africa	Classic Critical Care	Classic
Region of cover	Worldwide (excluding North America) Evacuation and critical care: Africa and India	Africa and India and U.A.E	In-country only Evacuation and critical care: Africa and India	In-country only
Network providers paid at Liberty Tariffs	Premier Network	Premier Network	Enhanced Network	Enhanced Network
Overall limit	9 650 000	4 900 000	965 000	965 000
Day-to-day benefits (for conditions that generally appear suddenly, progress rapidly and are relatively short in duration)				
<ul style="list-style-type: none"> GP and specialist consultations Prescribed acute medication including vaccinations Diagnostic tests Pathology, i.e. blood tests requested by a doctor in 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 Auxiliary services such as physiotherapy, chiropractics and speech therapy Annual medical examination 	19 500 Sub-limit for prescribed acute medication 7 750	11 750 Sub-limit for prescribed acute medication 3 900	5 950 Sub-limit for prescribed acute medication 1 950	5 950 Sub-limit for prescribed acute medication 1 950
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-authorization, clinical treatment protocols and overall limit	Paid in full Subject to overall limit	Paid in full Subject to overall limit	Paid in full Subject to overall limit	Paid in full Subject to overall limit
Optical benefits				
1 x eye test per insured person per year Frames and lenses (including contact lenses) every 2 years	3 250	2 300	1 650	1 650
Dental benefits (subject to clinical funding protocols)				
Basic dentistry Dental consultations, basic dental procedures including removal of teeth, fillings, preventative treatment, scaling and polishing and x-rays	Paid in full Subject to overall limit	Paid in full Subject to overall limit	Paid in full Subject to overall limit	Paid in full Subject to overall limit
Specialised dentistry Root canal treatment, dentures, inlays, crowns, bridges, periodontal treatment, orthodontic treatment and procedures in rooms. Orthodontic treatment will be restricted to members up to and including the age of 21 years.	7 750	5 950	3 900	3 900
Psychological wellbeing benefits				
Psychologist/social worker consultations and prescribed acute medication	Subject to day-to-day benefits limit	Subject to day-to-day benefits limit	Subject to day-to-day benefits limit	Subject to day-to-day benefits limit
Ongoing psychiatric consultations and associated chronic medication	Subject to chronic conditions benefits limit	Subject to chronic conditions benefits limit	Subject to chronic conditions benefits limit	Subject to chronic conditions benefits limit
Hospital benefits (subject to pre-authorization and pre-clinical funding protocols)	25 days per annum	20 days per annum	15 days per annum	15 days per annum
Maternity benefits (subject to pre-authorization and clinical funding protocols)				
Out-patient maternity care Antenatal consultations, ultrasounds and pathology services, including amniocentesis, are paid from this benefit Any additional maternity claims will be paid from the available day-to-day benefits	<ul style="list-style-type: none"> Consultations x 12 Ultrasound scans x 3 Laboratory tests such as rhesus blood group and amniocentesis (subject to pre-authorization) 	<ul style="list-style-type: none"> Consultations x 12 Ultrasound scans x 3 Laboratory tests such as rhesus blood group and amniocentesis (subject to pre-authorization) 	<ul style="list-style-type: none"> Consultations x 12 Ultrasound scans x 3 Laboratory tests such as rhesus blood group and amniocentesis (subject to pre-authorization) 	<ul style="list-style-type: none"> Consultations x 12 Ultrasound scans x 3 Laboratory tests such as rhesus blood group and amniocentesis (subject to pre-authorization)
Out-patient high-risk pregnancies Subject to enrolment for case management	Additional consultations and ultrasound scans	Additional consultations and ultrasound scans	Additional consultations and ultrasound scans	Additional consultations and ultrasound scans
In-patient maternity - childbirth and management of high-risk pregnancies	Paid in full Subject to overall limit	Paid in full Subject to overall limit	Paid in full Subject to overall limit	Paid in full Subject to overall limit
Neonatal care - incubator, phototherapy, congenital conditions, prematurity	775 000	595 000	155 000	155 000
Postnatal depression - medication, consultations, pathology	Subject to chronic conditions benefits limit	Subject to chronic conditions benefits limit	Subject to chronic conditions benefits limit	Subject to chronic conditions benefits limit
Hospital benefits (subject to pre-authorization and clinical funding protocols)				
In-hospital accommodation, specialists, theatre, ward, radiology, pathology, acute dialysis and medicine costs	Paid in full Subject to overall limit Standard private ward	Paid in full Subject to overall limit	Paid in full Subject to overall limit	Paid in full Subject to overall limit
Intensive care	Paid in full Subject to overall limit	Paid in full Subject to overall limit	Paid in full Subject to overall limit	Paid in full Subject to overall limit
Rehabilitation, Private nursing and Hospice care	25 000 up to a maximum of 30 days	21 500 up to a maximum of 30 days	19 000 up to a maximum of 30 days	19 000 up to a maximum of 30 days
Specialised radiology - combined limit in and out of hospital	25 500	21 500	14 000	14 000
Prosthesis and devices - per prosthesis/device	530 000 for Cochlear implants 39 000 for all other prosthesis	445 000 for Cochlear implants 32 500 for all other prosthesis	320 000 for Cochlear implants 23 000 for all other prosthesis	320 000 for Cochlear implants 23 000 for all other prosthesis
External medical appliances	255 000 for Hearing Aids 15 500 for Other appliances	125 000 for Hearing Aids 7 750 for Other appliances	64 000 for Hearing Aids 3 900 for Other appliances	64 000 for Hearing Aids 3 900 for Other appliances
Ambulance benefits (within region of cover)				
Emergency in-country ambulance services (mode determined by logistics)	Paid in full Subject to overall limit	Paid in full Subject to overall limit	Paid in full Subject to overall limit	Paid in full Subject to overall limit
Non-emergency ambulance and cross-border ambulance (mode to be determined by logistics, subject to pre-authorization)	Paid in full Subject to overall limit	Paid in full Subject to overall limit	Paid in full Subject to overall limit	Paid in full Subject to overall limit
Major diseases benefits (subject to pre-authorization and clinical funding protocols)				
Major diseases benefits limit	775 000	595 000	145 000	145 000
Provision of treatment (subject to the major diseases benefits limit)	Oncology treatment, organ transplants and renal dialysis	Oncology treatment, organ transplants and renal dialysis	Oncology treatment, organ transplants and renal dialysis	Oncology treatment, organ transplants and renal dialysis
Donor matching (limited to immediate family members on the policy)	Paid subject to the major diseases benefit limit	Paid subject to the major diseases benefit limit	Paid subject to the major diseases benefit limit	Paid subject to the major diseases benefit limit
International benefits (subject to pre-authorization and clinical funding protocols)				
International emergency medical evacuations In the case of a medical emergency/life-threatening condition and where treatment is not available locally, cover includes: international evacuation and foreign treatment costs	Subject to the overall limit and appropriate sublimits. Africa and India only.	Subject to the overall limit and appropriate sublimits. Africa and India only.	US\$200 000 Africa and India only.	x
Critical care In the case of a medically necessary, non-emergency life-threatening condition, where treatment for in-patient care is not available locally, cover includes: international travel/accommodation and foreign treatment costs	Subject to the overall limit and appropriate sublimits. Africa and India only.	Subject to the overall limit and appropriate sublimits. Africa and India only.	Subject to the overall limit and appropriate sublimits. Africa and India only.	x
Travel and accommodation costs per event Applicable only to international emergency medical evacuations and critical care cases for the patient, and where applicable, one accompanying person	Return economy class ticket and accommodation up to a maximum of 14 days. US\$300 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\$200 per day for sundry costs (max 14 days).	x
Repatriation of mortal remains Applicable to international emergency medical evacuations and critical care cases only	78 000	23 000	23 000	x
Elective roaming Applicable to beneficiaries electing to obtain medical services outside their country of residence and in line with their benefit plan region of cover. Cover includes foreign treatment cost and services but not travel.	Subject to the overall limit and appropriate sublimits	Subject to the overall limit and appropriate sublimits	Subject to the overall limit and appropriate sublimits	x
LIBERTY WELLBEING	Available to all beneficiaries. Access to the Liberty Wellbeing online platform for self-completion of health assessments and easy, 24-hour access to clinically approved health promotion material.			

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 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



GHANA

Apex Health Insurance Ltd, 4th Floor, Zion House,
#7 Nii Yemoh Avenue, Boundary Road, Shishie - East Legon
PO Box ST 237, Accra, Ghana, Cantonments
T +233 265 380 622
E info@apexhealthghana.com

Emergencies (24 hrs) +233 501 304 156

Pre-authorisation (24hrs)
+233 501 304 156

Post claims to the postal address above, or email:
info@apexhealthghana.com

The Liberty Health Cover (Liberty Blue) product
is administered in Ghana by Apex Health Insurance Limited
Registration No. C000 5015774.