

MALAWI | LIBERTY HEALTH COVER MICRO ENTERPRISES (ME) BENEFIT TABLE October 2020 - September 2021 (LH20B)

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.

Annual benefits limit per insured person per year in MWK.



LIBERTY

PRODUCT OPTION	Classic	Classic Roaming	Plus	Elite
Region of cover	Malawi and India	Out-patient care: Malawi and India In-Patient care: Africa and India	Africa and India	Worldwide (excluding North America)
Network Providers paid at Liberty Tariffs	Standard Network	Enhanced Network	Enhanced Network	Enhanced Network
Overall limit	75 000 000	400 000 000	400 000 000	800 000 000

HOSPITAL BENEFITS (In-patient) Subject to pre-authorisation and clinical funding protocols

In-hospital accommodation, specialists, theatre, ward, acute dialysis and medicine costs (Subject to overall limit)	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Ambulance services (Subject to overall limit)	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Intensive care (Subject to overall limit)	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Specialised radiology (combined limit in-hospital and out-of-hospital)	1 300 000	2 100 000	2 100 000	2 700 000
In-patient maternity (childbirth) (Subject to overall limit)	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Neonatal care (incubator, phototherapy, congenital conditions, prematurity)	16 700 000	67 000 000	66 700 000	80 000 000
Psychiatric hospitalisation	10 days per annum	14 days per annum	14 days per annum	20 days per annum
Prosthesis and devices (per prosthesis/device)	2 700 000	3 300 000	3 300 000	4 400 000
External medical appliances	210 000	400 000	400 000	800 000

MAJOR DISEASE BENEFITS Subject to pre-authorisation and clinical funding protocols

Overall limit	17 000 000	66 700 000	66 700 000	85 000 000
Oncology (Cancer) treatment	✓	✓	✓	✓
Organ transplants	✓	✓	✓	✓
Renal (Kidney) dialysis	✓	✓	✓	✓

INTERNATIONAL EMERGENCY EVACUATION BENEFITS Subject to pre-authorisation and clinical funding protocols

International emergency evacuation and repatriation	x	Subject to overall limit	Subject to overall limit	Subject to overall limit
Compassionate travel for one person accompanying an evacuated person	x	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. US\$300 per day for sundry costs (max 14 days)
Repatriation of mortal remains following an international emergency evacuation	x	2 700 000	2 700 000	8 700 000

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 pre-authorised at designated centres 	642 000 Sub limit for acute medication 212 000	642 000 Sub limit for acute medication 212 000	1 270 000 Sub limit for acute medication 424 000	2 120 000 Sub limit for acute medication 878 000
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 in the course of your consultations • Basic radiology Subject to pre-authorisation, clinical funding protocols and overall limit	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Out-patient maternity care <i>Note: If this benefit is depleted, then claims will be paid from the available Day-to-Day Benefits</i>	424 000	424 000	642 000	865 000
Dentistry	Paid in Full Sub limit for specialised dentistry 424 000	Paid in Full Sub limit for specialised dentistry 424 000	Paid in Full Sub limit for specialised dentistry 642 000	Paid in Full Sub limit for specialised dentistry 865 000
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 	170 000	170 000	272 000	363 000
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