

MAURITIUS | 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 Mauritian Rupee (MUR).



LIBERTY
In it with you

| Benefit plan | Global Elite | Plus Africa | Classic Critical Care | Classic | Lite |
|--|--|-------------------------|--|------------------|--|
| Region of cover | Worldwide (excluding North America) Evacuation and critical care: Africa and India | Africa, India and U.A.E | In-country only Evacuation and critical care: Africa and India | In-country only | In-country only |
| Network providers paid at Liberty Tariffs | Premier Network | Premier Network | Enhanced Network | Enhanced Network | Standard Network (no payment for providers outside this network) |
| Overall limit | 46 500 000 | 23 500 000 | 4 800 000 | 4 800 000 | 905 000 |

Day-to-day benefits (for conditions that generally appear suddenly, progress rapidly and are relatively short in duration)

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|--|--|---|---|---|--|
| <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 | 115 000 Sub-limit for prescribed acute medication 45 500 | 68 500 Sub-limit for prescribed acute medication 23 000 | 34 000 Sub-limit for prescribed acute medication 11 500 | 34 000 Sub-limit for prescribed acute medication 11 500 | 23 000 Sub-limit for prescribed acute medication 9 200 |
| 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-authorisation, 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 | Paid in full Subject to overall limit |

Optical benefits

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|--|--------|--------|--------|--------|-------|
| 1 x eye test per insured person per year Frames and lenses (including contact lenses) every 2 years | 21 000 | 16 000 | 10 350 | 10 350 | 6 250 |
|--|--------|--------|--------|--------|-------|

Dental benefits (subject to clinical funding protocols)

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|---|--|--|--|--|--------|
| 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 | 12 000 |
| 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. | 45 500 | 33 500 | 23 000 | 23 000 | |

Psychological wellbeing benefits

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|--|--|--|--|--|--|
| Psychologist/social worker consultations and prescribed acute medication | Subject to day-to-day benefits limit |
| Ongoing psychiatric consultations and associated chronic medication | Subject to chronic conditions benefits limit |
| Hospital benefits (subject to pre-authorisation and pre-clinical funding protocols) | 25 days per annum | 20 days per annum | 15 days per annum | 15 days per annum | 10 days per annum |

Maternity benefits (subject to pre-authorisation and clinical funding protocols)

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|--|--|--|--|--|--|
| 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-authorisation) | <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-authorisation) | <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-authorisation) | <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-authorisation) | 17 500 |
| Out-patient high-risk pregnancies Subject to enrolment for case management | Additional consultations and ultrasound scans | Subject to day-to-day benefits limit |
| In-patient maternity - childbirth and management of high-risk pregnancies | Paid in full Subject to overall limit | Paid in full Subject to overall limit |
| Neonatal care - incubator, phototherapy, congenital conditions, prematurity | 4 550 000 | 3 400 000 | 890 000 | 890 000 | 230 000 |
| Postnatal depression - medication, consultations, pathology | Subject to chronic conditions benefits limit | Subject to day-to-day benefits limit |

Hospital benefits (subject to pre-authorisation and clinical funding protocols)

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|---|---|---|---|---|--|
| 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 | 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 | Paid in full Subject to overall limit |
| Rehabilitation, Private nursing and Hospice care | 115 000 up to a maximum of 30 days | 103 500 up to a maximum of 30 days | 88 500 up to a maximum of 30 days | 88 500 up to a maximum of 30 days | 58 500 up to a maximum of 30 days |
| Specialised radiology - combined limit in and out of hospital | 145 000 | 120 000 | 75 000 | 75 000 | 37 500 |
| Prosthesis and devices - per prosthesis/device | 1 650 000 for Cochlear implants 230 000 for all other prosthesis | 1 500 000 for Cochlear implants 210 000 for all other prosthesis | 970 000 for Cochlear implants 135 000 for all other prosthesis | 970 000 for Cochlear implants 135 000 for all other prosthesis | 500 000 for Cochlear implants 68 500 for all other prosthesis |
| External medical appliances | 850 000 for Hearing Aids 90 500 for Other appliances | 420 000 for Hearing Aids 44 500 for Other appliances | 220 000 for Hearing Aids 23 000 for Other appliances | 220 000 for Hearing Aids 23 000 for Other appliances | 180 000 for Hearing Aids 19 500 for Other appliances |

Ambulance benefits (within region of cover)

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|---|--|--|--|--|--|
| Emergency in-country ambulance services (mode determined by logistics) | Paid in full Subject to overall limit |
| Non-emergency ambulance and cross-border ambulance (mode to be determined by logistics, subject to pre-authorisation) | Paid in full Subject to overall limit |

Major diseases benefits (subject to pre-authorisation and clinical funding protocols)

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|--|--|--|--|--|--|
| Major diseases benefits limit | 4 550 000 | 3 400 000 | 900 000 | 900 000 | 455 000 |
| Provision of treatment (subject to the major diseases benefits limit) | 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 | Paid subject to the major diseases benefit limit |

International benefits (subject to pre-authorisation and clinical funding protocols)

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|---|---|---|---|---|---|
| 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 | 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 | 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 | x |
| Repatriation of mortal remains Applicable to international emergency medical evacuations and critical care cases only | 455 000 | 135 000 | 135 000 | x | 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 | x | x | x |

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| LIBERTY WELLBEING AND DIGITAL TOOLS | 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. Access to digital tools including a unique customer profile via desktop login or the Liberty Health Mobile App (iOS and Android). |
|--|--|

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

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