



LIBERTY

LIBERTY HEALTH COVER

Corporate and SME Benefit Table
2018/19
Mozambique



MOZAMBIQUE

Emose Building, Av 25 de Setembro no. 1383,
5th Floor, Office No. 507 & 508, Maputo,
Mozambique
T +258 84 373 7376/7 / +258 84 390 1289
E mozambique@libertyhealth.net

Emergencies (24 hrs) +258 84 390 1289

Pre- authorisation

+258 84 586 5665 (Vodacom)
+258 82 586 5665 (Mcel)
preauthmoz@libertyhealth.net

Post claims to the physical address above, or email:

lhmozclaims@libertyhealth.net

The Liberty Health Cover (also known as Liberty Blue) product is licenced
and administered in Mozambique by Empresa Mocambicana de Seguros SA (EMOSE)
Registration No. 11747.

MOZAMBIQUE | LIBERTY HEALTH COVER CORPORATE AND SME BENEFIT TABLE 2018/19

This table will give you an overall summary of the benefits we offer. Please read this summary together with the Liberty Health Cover Policy Document, which provides more detailed information.

Annual benefits limit per insured person per year in MZN.



LIBERTY

PRODUCT OPTION	Lite	Classic	Classic Evacuation	Classic Roaming	Plus	Elite
Region of cover	In-country only	In-country only	Out-patient and In-patient: In-country only Emergency Evacuation: Africa and India	Out-patient care: In-country only In-patient care: Africa and India	Africa and India	Worldwide (excluding North America)
Network Providers paid at Liberty Tariffs	Restricted Network of providers only. No payment for services outside Network	Standard Network	Standard Network	Enhanced Network	Enhanced Network	Enhanced Network
Overall limit	940 000	4 700 000	4 700 000	23 000 000	23 000 000	47 000 000

HOSPITAL BENEFITS (In-patient) Subject to pre-authorisation and clinical treatment protocols						
In-hospital accommodation, specialists, theatre, ward, acute dialysis and medicine costs (Subject to overall limit)	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Emergency ambulance services (Subject to overall limit)	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Intensive care (Subject to overall limit)	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Specialised radiology (combined limit in and out of hospital)	33 000	68 000	68 000	114 000	114 000	135 000
In-patient maternity (childbirth) (Subject to overall limit)	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Neonatal care (incubator, phototherapy, congenital conditions, prematurity)	230 000	890 000	890 000	3 300 000	3 300 000	4 700 000
Psychiatric hospitalisation	5 days per annum	10 days per annum	10 days per annum	14 days per annum	14 days per annum	20 days per annum
Prosthesis (per prosthesis)	68 000	135 000	135 000	182 000	182 000	229 000
External medical appliances	9 400	11 400	11 400	22 900	22 900	46 800

MAJOR DISEASE BENEFITS Subject to pre-authorisation and clinical treatment protocols						
Overall limit	450 000	890 000	890 000	3 300 000	3 300 000	4 700 000
Cancer treatment	✓	✓	✓	✓	✓	✓
Organ transplants	x	✓	✓	✓	✓	✓
Kidney dialysis	x	✓	✓	✓	✓	✓

INTERNATIONAL EMERGENCY EVACUATION BENEFITS Subject to pre-authorisation and clinical treatment protocols						
International emergency evacuation and repatriation	x	x	US\$200 000 (Africa and India)	Subject to overall limit	Subject to overall limit	Subject to overall limit
Compassionate travel for one person accompanying an evacuated person	x	x	Return economy class ticket and accommodation up to a maximum of 14 days. US\$200 per day for sundry costs (max 14 days)	Return economy class ticket and accommodation up to a maximum of 14 days. US\$250 per day for sundry costs (max 14 days)	Return economy class ticket and accommodation up to a maximum of 14 days. US\$250 per day for sundry costs (max 14 days)	Return economy class ticket and accommodation up to a maximum of 14 days. US\$300 per day for sundry costs (max 14 days)
Repatriation of mortal remains following an international emergency evacuation	x	x	140 000	140 000	140 000	470 000

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 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 • Auxillary services such as physiotherapy, chiropractics and speech therapy • Annual medical examination pre-authorised at designated centres 	25 000 Sub-limit for acute medication 10 400	36 400 Sub-limit for acute medication 12 500	36 400 Sub-limit for acute medication 12 500	36 400 Sub-limit for acute medication 12 500	78 000 Sub-limit for acute medication 25 000	125 000 Sub-limit for acute medication 46 800
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 treatment protocols and overall limit	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Out-patient maternity care Note: If this benefit is depleted, then claims will pay from the available day-to-day benefits	20 800	25 000	25 000	25 000	36 400	52 000
Dentistry	10 400 Basic dentistry only	Unlimited Sub-limit for Specialised dentistry 25 000	Unlimited Sub-limit for Specialised dentistry 25 000	Unlimited Sub-limit for Specialised dentistry 25 000	Unlimited Sub-limit for Specialised dentistry 36 400	Unlimited Sub-limit for Specialised dentistry 52 000
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 	6 800	11 400	11 400	11 400	16 600	20 800
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