

MOZAMBIQUE | Liberty Health Cover corporate and SME benefit table 2024



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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 Mozambican Metical (MZN).

Benefit plan	Global Elite	Plus Africa	Classic Critical Care	Classic	Lite	Essential
Region of cover	Worldwide (excluding North America) Evacuation and critical care: Africa and India	Africa, India, U.A.E. and Portugal	In-country and South Africa Evacuation and critical care: Africa and India	In-country and South Africa	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)	Essential Network (no payment for providers outside this network)
Overall limit	67 500 000	34 000 000	6 750 000	6 750 000	3 200 000	1 350 000
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 	170 000 Sub-limit for prescribed acute medication 63 500	106 500 Sub-limit for prescribed acute medication 34 000	50 000 Sub-limit for prescribed acute medication 17 000	50 000 Sub-limit for prescribed acute medication 17 000	34 000 Sub-limit for prescribed acute medication 14 500	34 000 Sub-limit for prescribed acute medication 14 500
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	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	28 500	23 000	15 500	15 500	9 300	9 300
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.	71 000	50 000	34 000	34 000	18 000	18 000
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	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	Subject to chronic conditions benefits limit	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	10 days per annum
Maternity benefits (subject to pre-authorisation 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-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) 	28 500	28 500
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	Subject to day-to-day benefits limit	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	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	6 300 000	4 500 000	1 200 000	1 200 000	320 000	320 000
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	Subject to day-to-day benefits limit	Subject to day-to-day benefits limit
Hospital benefits (subject to pre-authorisation 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	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	Paid in full Subject to overall limit
Rehabilitation, Private nursing and Hospice care	170 000 up to a maximum of 30 days	150 000 up to a maximum of 30 days	130 000 up to a maximum of 30 days	130 000 up to a maximum of 30 days	85 500 up to a maximum of 30 days	85 500 up to a maximum of 30 days
Specialised radiology - combined limit in and out of hospital	200 000	175 000	102 500	102 500	49 000	49 000
Prosthesis and devices - per prosthesis/device	2 400 000 for Cochlear implants 320 000 for all other prosthesis	1 850 000 for Cochlear implants 245 000 for all other prosthesis	1 350 000 for Cochlear implants 180 000 for all other prosthesis	1 350 000 for Cochlear implants 180 000 for all other prosthesis	705 000 for Cochlear implants 93 500 for all other prosthesis	705 000 for Cochlear implants 93 500 for all other prosthesis
External medical appliances	1 250 000 for Hearing Aids 125 000 for Other appliances	615 000 for Hearing Aids 62 000 for Other appliances	305 000 for Hearing Aids 31 000 for Other appliances	305 000 for Hearing Aids 31 000 for Other appliances	155 000 for Hearing Aids 24 500 for Other appliances	155 000 for Hearing Aids 24 500 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	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-authorisation)	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	Paid in full Subject to overall limit
Major diseases benefits (subject to pre-authorisation and clinical funding protocols)						
Major diseases benefits limit	6 300 000	4 500 000	1 200 000	1 200 000	610 000	610 000
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	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	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)						
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	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: travel/accommodation and 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	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	x
Repatriation of mortal remains Applicable to international emergency medical evacuations and critical care cases only	630 000	195 000	195 000	x	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	Subject to the overall limit and appropriate sublimits	Subject to the overall limit and appropriate sublimits	x	x
FUNERAL BENEFIT						
The funeral benefit pays out a lump sum in the event of the death of the member, spouse, children or extended family members (if applicable)	100 000 for Main member 100 000 for Spouse 80 000 for Child	100 000 for Main member 100 000 for Spouse 80 000 for Child	60 000 for Main member 60 000 for Spouse 50 000 for Child	60 000 for Main member 60 000 for Spouse 50 000 for Child	40 000 for Main member 40 000 for Spouse 30 000 for Child	40 000 for Main member 40 000 for Spouse 30 000 for Child
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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