

# MOZAMBIQUE | Liberty Health Cover corporate and SME benefit table 2023

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).



**LIBERTY**  
In it with you

| Benefit plan                                     | Global Elite  | Plus Africa              | Classic Critical Care   | Classic                     | Lite   | Essential   |
|--|---|--------------------------|---|-----------------------------|--|---|
| <b>Region of cover</b>                           | Worldwide (excluding North America)<br>Evacuation and critical care: Africa and India | Africa, India and U.A.E. | In-country and South Africa<br>Evacuation and critical care: Africa and India | In-country and South Africa | In-country only  | In-country only   |
| <b>Network providers paid at Liberty Tariffs</b> | 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) |
| <b>Overall limit</b>                             | 63 000 000  | 32 000 000               | 6 300 000   | 6 300 000                   | 3 000 000  | 1 250 000   |

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

|  |   |  |  |  |  |  |
|--|---|--|--|--|--|--|
| <ul style="list-style-type: none"> <li>GP and specialist consultations</li> <li>Prescribed acute medication including vaccinations</li> <li>Diagnostic tests</li> <li>Pathology, i.e. blood tests requested by a doctor in the course of your consultations</li> <li>Basic radiology, i.e. out-of-hospital basic x-rays</li> <li>Out-of-hospital non-surgical procedures such as applying plaster of paris and stitches</li> <li>Auxillary services such as physiotherapy, chiropractics and speech therapy</li> <li>Annual medical examination</li> </ul> | 160 000<br>Sub-limit for prescribed acute medication 59 500 | 99 500<br>Sub-limit for prescribed acute medication 32 000 | 46 500<br>Sub-limit for prescribed acute medication 16 000 | 46 500<br>Sub-limit for prescribed acute medication 16 000 | 32 000<br>Sub-limit for prescribed acute medication 13 500 | 32 000<br>Sub-limit for prescribed acute medication 13 500 |
|--|---|--|--|--|--|--|

## Optical benefits

|  |        |        |        |        |       |       |
|--|--------|--------|--------|--------|-------|-------|
| 1 x eye test per insured person per year<br>Frames and lenses (including contact lenses) every 2 years | 26 500 | 21 500 | 14 500 | 14 500 | 8 700 | 8 700 |
|--|--------|--------|--------|--------|-------|-------|

## Dental benefits (subject to clinical funding protocols)

|   |  |  |  |  |        |        |
|---|--|--|--|--|--------|--------|
| <b>Basic dentistry</b><br>Dental consultations, basic dental procedures including removal of teeth, fillings, preventative treatment, scaling and polishing and x-rays  | Paid in full<br>Subject to overall limit | Paid in full<br>Subject to overall limit | Paid in full<br>Subject to overall limit | Paid in full<br>Subject to overall limit |        |        |
| <b>Specialised dentistry</b><br>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. | 66 500                                   | 46 500                                   | 32 000                                   | 32 000                                   | 17 000 | 17 000 |

## Psychological wellbeing benefits

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| <b>Psychologist/social worker consultations and prescribed acute medication</b>            | 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         |
| <b>Ongoing psychiatric consultations and associated chronic medication</b>                 | 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 |
| <b>Hospital benefits</b> (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                            | 10 days per annum                            | 10 days per annum                            |

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

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| <b>Out-patient maternity care</b><br>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"> <li>Consultations x 12</li> <li>Ultrasound scans x 3</li> <li>Laboratory tests such as rhesus blood group and amniocentesis (subject to pre-authorization)</li> </ul> | <ul style="list-style-type: none"> <li>Consultations x 12</li> <li>Ultrasound scans x 3</li> <li>Laboratory tests such as rhesus blood group and amniocentesis (subject to pre-authorization)</li> </ul> | <ul style="list-style-type: none"> <li>Consultations x 12</li> <li>Ultrasound scans x 3</li> <li>Laboratory tests such as rhesus blood group and amniocentesis (subject to pre-authorization)</li> </ul> | <ul style="list-style-type: none"> <li>Consultations x 12</li> <li>Ultrasound scans x 3</li> <li>Laboratory tests such as rhesus blood group and amniocentesis (subject to pre-authorization)</li> </ul> | 26 500                                   | 26 500                                   |
| <b>Out-patient high-risk pregnancies</b><br>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     |
| <b>In-patient maternity</b> - childbirth and management of high-risk pregnancies   | Paid in full<br>Subject to overall limit   | Paid in full<br>Subject to overall limit   | Paid in full<br>Subject to overall limit   | Paid in full<br>Subject to overall limit   | Paid in full<br>Subject to overall limit | Paid in full<br>Subject to overall limit |
| <b>Neonatal care</b> - incubator, phototherapy, congenital conditions, prematurity   | 5 900 000  | 4 200 000  | 1 129 000  | 1 129 000  | 300 000                                  | 300 000                                  |
| <b>Postnatal depression</b> - 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     |

## Chronic conditions benefits (subject to pre-authorization and clinical funding protocols for conditions that require medication and treatment for more than three continuous months)

|   |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| <b>GP and specialist consultations, prescribed medication, radiology and pathology (e.g. blood tests)</b> | Paid in full<br>Subject to overall limit | Paid in full<br>Subject to overall limit | Paid in full<br>Subject to overall limit | Paid in full<br>Subject to overall limit | Paid in full<br>Subject to overall limit | Paid in full<br>Subject to overall limit |
|---|--|--|--|--|--|--|

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

|   |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| <b>In-hospital accommodation, specialists, theatre, ward, radiology, pathology, acute dialysis and medicine costs</b> | Paid in full<br>Subject to overall limit | Paid in full<br>Subject to overall limit | Paid in full<br>Subject to overall limit | Paid in full<br>Subject to overall limit | Paid in full<br>Subject to overall limit | Paid in full<br>Subject to overall limit |
| <b>Intensive care</b>   | Paid in full<br>Subject to overall limit | Paid in full<br>Subject to overall limit | Paid in full<br>Subject to overall limit | Paid in full<br>Subject to overall limit | Paid in full<br>Subject to overall limit | Paid in full<br>Subject to overall limit |
| <b>Rehabilitation, Private nursing and Hospice care</b>   | 160 000<br>up to a maximum of 30 days    | 140 000<br>up to a maximum of 30 days    | 120 000<br>up to a maximum of 30 days    | 120 000<br>up to a maximum of 30 days    | 80 000<br>up to a maximum of 30 days     | 80 000<br>up to a maximum of 30 days     |
| <b>Specialised radiology</b> - combined limit in and out of hospital  | 187 000                                  | 165 000                                  | 96 000                                   | 96 000                                   | 46 000                                   | 46 000                                   |
| <b>Prosthesis and devices</b> - per prosthesis/device   | 300 000                                  | 230 000                                  | 170 000                                  | 170 000                                  | 87 500                                   | 87 500                                   |
| <b>External medical appliances</b>  | 59 500                                   | 29 000                                   | 14 500                                   | 14 500                                   | 11 500                                   | 11 500                                   |

## Ambulance benefits (within region of cover)

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| <b>Emergency road ambulance services</b>   | Paid in full<br>Subject to overall limit | Paid in full<br>Subject to overall limit | Paid in full<br>Subject to overall limit | Paid in full<br>Subject to overall limit | Paid in full<br>Subject to overall limit | Paid in full<br>Subject to overall limit |
| <b>Non-emergency road ambulance, cross-border ambulance</b> (subject to pre-authorization) | Paid in full<br>Subject to overall limit | Paid in full<br>Subject to overall limit | Paid in full<br>Subject to overall limit | Paid in full<br>Subject to overall limit | Paid in full<br>Subject to overall limit | Paid in full<br>Subject to overall limit |

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

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| <b>Major diseases benefits limit</b>   | 5 900 000  | 4 200 000  | 1 129 000  | 1 129 000  | 570 000  | 570 000  |
| <b>Provision of treatment</b> (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 |

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

|   |   |   |   |  |   |   |
|---|---|---|---|--|---|---|
| <b>International emergency medical evacuations</b><br>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<br>Africa and India only.   | x  | x | x |
| <b>Critical care</b><br>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 |
| <b>Travel and accommodation costs per event</b><br>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 |
| <b>Repatriation of mortal remains</b><br>Applicable to international emergency medical evacuations and critical care cases only   | 590 000   | 180 000   | 180 000   | x  | x | x |
| <b>Elective roaming</b><br>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 |

**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



**MOZAMBIQUE**

Liberty Health  
Avenida Julius Nyerere, Nº. 1339  
Maputo, Mozambique  
T +258 84 373 7376/7 / +258 84 390 1289  
E mozambique@libertyhealth.net

**Emergencies (24 hrs)**

+258 84 390 1289 (Vodacom) Toll Free

**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