## **ZAMBIA** | Liberty Health Cover micro enterprises (ME) benefit table 2023

**Global Elite** 

**Benefit plan** 



Classic

**Classic Critical Care** 

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 Zambian Kwacha (ZMW).

**Plus Africa** 

| венепт ріап  | Giodal Elite   | Pius Africa  | Classic Critical Care  | Classic  |
|--|--|--|--|--|
| Region of cover  | Worldwide<br>(excluding North America)<br>Evacuation and critical care:<br>Africa and India  | Africa and India and U.A.E   | In-country only<br>Evacuation and critical care:<br>Africa and India   | In-country only  |
| Network providers paid at Liberty Tariffs  Overall limit   | Premier Network  | Premier Network<br>8 500 000   | Enhanced Network   | Enhanced Network   |
| Overallimit  | 17 000 000   | 3500 000   | 1700 000   | 1700 000   |
| Day-to-day benefits (for conditions that generally appear s  | suddenly, progress rapidly and are relative  | ely short in duration)   | 1  |  |
| <ul> <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> | 40 500<br>Sub-limit for prescribed<br>acute medication<br>15 500   | 23 000<br>Sub-limit for prescribed<br>acute medication<br>8 200  | 11500<br>Sub-limit for prescribed<br>acute medication<br>4 050   | 11 500<br>Sub-limit for prescribed<br>acute medication<br>4 050  |
| Optical benefits   |  |  |  |  |
| 1x eye test per insured person per year  | 6 900  | 5 300  | 3 300  | 3 300  |
| Frames and lenses (including contact lenses) every 2 years   |  |  |  |  |
| 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<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   |
| 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.  | 15 500   | 11 500   | 7900   | 7 900  |
| Psychological wellbeing benefits   |  |  |  | _  |
| Psychologist/social worker consultations and prescribed acute medication   | Subject to day-to-day<br>benefits limit  | Subject to day-to-day<br>benefits limit  | Subject to day-to-day<br>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   |
| Hospital benefits (subject to pre-authorisation and clinical funding protocols)  | 25 days per annum  | 20 days per annum  | 15 days per annum  | 15 days per annum  |
| Maternity benefits (subject to pre-authorisation and clinical  | al funding protocols)  |  |  |  |
| Out-patient maternity care Antenatal consultations, ultrasounds and pathology services, including amniocentisis, are paid from this benefit Any additional maternity claims will be paid from the available day-to-day benefits Out-patient high-risk pregnancies  | Consultations x 12     Ultrasound scans x 3     Laboratory tests such as rhesus blood group and amniocentesis (subject to pre-authorisation)  Additional consultations and | Consultations x 12 Ultrasound scans x 3 Laboratory tests such as rhesus blood group and amniocentesis (subject to pre-authorisation)  Additional consultations and | Consultations x 12     Ultrasound scans x 3     Laboratory tests such as rhesus blood group and amniocentesis (subject to pre-authorisation)  Additional consultations and | Consultations x 12     Ultrasound scans x 3     Laboratory tests such as rhesus blood group and amniocentesis (subject to pre-authorisation)  Additional consultations and |
| Subject to enrolment for case management  In-patient maternity – childbirth and management of high-risk pregnancies  | ultrasound scans Paid in full Subject to overall limit   | ultrasound scans Paid in full Subject to overall limit   | ultrasound scans Paid in full Subject to overall limit   | ultrasound scans  Paid in full  Subject to overall limit   |
| Neonatal care – incubator, phototherapy, congenital conditions, prematurity  | 1550 000   | 1150 000   | 305 000  | 305 000  |
| Postnatal depression - medication, consultations, pathology  | Subject to chronic conditions<br>benefits limit  | Subject to chronic conditions benefits limit   | Subject to chronic conditions benefits limit   | Subject to chronic conditions<br>benefits limit  |
| Chronic conditions benefits (subject to pre-authorisation  |  |  |  |  |
| GP and specialist consultations, prescribed medication, radiology and pathology (e.g. blood tests)   | 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-authorisation and clinical   | funding protocols)   |  |  |  |
| In-hospital accommodation, specialists, theatre, ward, radiology, pathology, acute dialysis and medicine costs   | Paid in full<br>Subject to overall limit   | Paid in full Subject to overall limit  | Paid in full<br>Subject to overall limit   | Paid in full<br>Subject to overall limit   |
| Intensive care   | Paid in full   | Paid in full   | Paid in full   | Paid in full   |
|  | Subject to overall limit 43 000  | Subject to overall limit 38 000  | Subject to overall limit 32 000  | Subject to overall limit 32 000  |
| Rehabilitation, Private nursing and Hospice care   | up to a maximum of 30 days   | up to a maximum of 30 days   | up to a maximum of 30 days   | up to a maximum of 30 days   |
| Specialised radiology - combined limit in and out of hospital  Prosthesis and devices - per prosthesis/device  | 53 000<br>78 000   | 43 000   | 24 000   | 24 000   |
| External medical appliances  | 15 500   | 7 900  | 3 950  | 3 950  |
| Ambulance benefits (within region of cover)  |  |  |  |  |
| Emergency road ambulance services  | 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   |
| Non-emergency road ambulance, cross-border ambulance   | Paid in full   | Paid in full   | Paid in full   | Paid in full   |
| (subject to pre-authorisation)   | Subject to overall limit   | Subject to overall limit   | Subject to overall limit   | Subject to overall limit   |
| Major diseases benefits (subject to pre-authorisation and Major diseases benefits limit  | 1550 000   | 1150 000   | 315 000  | 315 000  |
| 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   |
| International benefits (subject to pre-authorisation and cli   | inical funding protocols)  |  |  |  |
| International emergency medical evacuations 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.   | US\$200 000<br>Africa and India only.  | ×  |
| 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<br>and appropriate sublimits.<br>Africa and India only.   | Subject to the overall limit<br>and appropriate sublimits.<br>Africa and India only.   | Subject to the overall limit<br>and appropriate sublimits.<br>Africa and India only.   | x  |
| <b>Travel and accommodation costs per event</b> 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<br>accommodation up to a maximum<br>of 14 days. US\$200 per day for<br>sundry costs (max 14 days).   | x  |
| Repatriation of mortal remains Applicable to international emergency medical evacuations and critical care cases only  | 154 000  | 43 500   | 43 500   | 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   | х  | х  |
| 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)  | 20 000   | 20 000   | 20 000   | 20 000   |
| member, spouse, children of extended family members (if applicable)  | 20 000   | 20 000   |  |  |

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 in the Policy Conditions in the Liberty Health Cover Policy Conditions in the Policy Conditions in the Liberty Health Cover Policy Conditions in the Liberty Health Cover Policy Conditions in the Policy Conditions in the Policy Conditions in the Liberty Health Cover Policy Cond Conditions will prevail. E&OE

ZAMBIA
Liberty Life Insurance, Kwacha Pension House
1st Floor, Stand 4604, Tito Road,
Rhodes Park, Lusaka, Zambia
T +260 211 255 540/1/36
E zambia@libertyhealth.net

Emergencies (24 hrs) +260 970 397 863 +260 965 205 113 +260 955 256 871

Pre-authorisation +260 211 255 540/1/36 membercare@libertyhealth.net

 $\begin{tabular}{ll} \textbf{Post claims to the physical address above, or email:} \\ \textbf{zambia@libertyhealth.net} \end{tabular}$ 

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