



**LIBERTY**

## **LIBERTY HEALTH COVER**

Corporate and SME Benefit Table  
2018/19  
Zimbabwe



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**ZIMBABWE**

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The Liberty Health Cover (also known as Liberty Blue) product is licenced and administered in Zimbabwe by FBC Insurance Company Limited  
Registration No. 854/65

# ZIMBABWE | 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 USD.



LIBERTY

PRODUCT OPTION	Lite	Classic Tariff	Classic	Classic Evacuation	Classic Roaming	Plus	Elite
Region of cover	In-country only	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 Private and Government facilities No payment for services outside Network	Standard Network at AFHoZ tariffs	Standard Network at Liberty tariffs	Standard Network at Liberty tariffs	Standard Network at Liberty tariffs	Enhanced Network at Liberty tariffs	Enhanced Network at Liberty tariffs
Overall limit	21 000	103 000	103 000	103 000	515 000	515 000	1 030 000

## 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	Unlimited
Emergency ambulance services (Subject to overall limit)	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Intensive care (Subject to overall limit)	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Specialised radiology (combined limit in-hospital and out-of-hospital)	775	1 550	1 550	1 550	2 580	2 580	3 090
In-patient maternity (childbirth) (Subject to overall limit)	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Neonatal care (incubator, phototherapy, congenital conditions, prematurity)	5 200	20 600	20 600	20 600	77 300	77 300	103 000
Psychiatric hospitalisation	5 days per annum	10 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)	1 550	3 090	3 090	3 090	4 120	4 120	5 150
External medical appliances	210	260	260	260	520	520	1 030

## MAJOR DISEASE BENEFITS Subject to pre-authorisation and clinical treatment protocols

Overall limit	10 300	20 600	20 600	20 600	77 300	77 300	103 000
Cancer treatment	Government hospitals only	✓	✓	✓	✓	✓	✓
Organ transplants	Government hospitals only	✓	✓	✓	✓	✓	✓
Kidney dialysis	Government hospitals only	✓	✓	✓	✓	✓	✓

## INTERNATIONAL EMERGENCY EVACUATION BENEFITS Subject to pre-authorisation and clinical treatment protocols

International emergency evacuation and repatriation	x	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	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. Up to US\$250 per day for sundry costs (max 14 days)	Return economy class ticket and accommodation up to a maximum of 14 days. Up to US\$300 per day for sundry costs (max 14 days)
Repatriation of mortal remains following an international emergency evacuation	x	x	x	3 100	3 100	3 100	10 300

## DAY-TO-DAY BENEFITS (Out-patient)

GP Consultations at providers on the Provided List (in Zimbabwe only)	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Acute Conditions Benefit (conditions that generally appear suddenly, progress rapidly and are relatively short in duration) <ul style="list-style-type: none"> <li>GP consultations, specialist consultations outside of Provided List</li> <li>Prescribed medication</li> <li>Diagnostic tests</li> <li>Pathology, i.e., blood tests requested by a doctor during 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>Auxiliary services such as physiotherapy, chiropractics and speech therapy</li> <li>Annual medical examination pre-authorised at designated centres</li> </ul>	540 Sub limit for acute medication 270	800 Sub limit for acute medication 370	1 070 Sub limit for acute medication 540	1 070 Sub limit for acute medication 540	1 070 Sub limit for acute medication 540	1 610 Sub limit for acute medication 540	2 680 Sub limit for acute medication 1 070
Chronic Conditions Benefit (conditions that require medication and treatment for more than three continuous months) <ul style="list-style-type: none"> <li>Consultations (GP and specialist)</li> <li>Prescribed chronic medication</li> <li>Pathology, i.e., blood tests requested by a doctor during the course of your consultations</li> <li>Basic radiology</li> </ul> Subject to pre-authorisation, clinical treatment protocols and overall limit	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Out-patient maternity care Note: If this benefit is depleted, then claims will be paid from the available Day-to-Day Benefits	430	540	540	540	540	800	1 070
Dentistry	322 at Government facilities Basic dentistry only	Unlimited Sub limit for specialised dentistry 645	Unlimited Sub limit for specialised dentistry 1 000	Unlimited Sub limit for specialised dentistry 1 000	Unlimited Sub limit for specialised dentistry 1 000	Unlimited Sub limit for specialised dentistry 1 250	Unlimited Sub limit for specialised dentistry 1 500
Optical benefits <ul style="list-style-type: none"> <li>1 x eye test per insured person per year</li> <li>Frames and lenses (including contact lenses) every 2 years</li> </ul>	225 at Government facilities	315	375	375	375	450	500
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