UGANDA | Liberty Health Cover micro enterprises (ME) benefit table 2024



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 Ugandan shillings (UGX).

Benefit plan	Global Elite	Plus Africa	Classic Critical Care	Classic
Region of cover	Worldwide (excluding North America) Evacuation and critical care: Africa and India	Africa, India and U.A.E.	East Africa Evacuation and critical care: Africa and India	East Africa
Network providers paid at Liberty Tariffs Overall limit	Premier Network 3 950 000 000	Premier Network 2 050 000 000	Premier Network 395 000 000	Premier Network 395 000 000
Day-to-day benefits (for conditions that generally appear sud			333 000 000	333 000 000
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 Auxillary services such as physiotherapy, chiropractics and speech therapy Annual medical examination	9 850 000 Sub-limit for prescribed acute medication 3 950 000	5 900 000 Sub-limit for prescribed acute medication 2 000 000	3 050 000 Sub-limit for prescribed acute medication 1 100 000	3 050 000 Sub-limit for prescribed acute medication 1 100 000
Chronic Conditions Benefit (conditions that require medication and treatment for more than three continuous months) 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 Optical benefits	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
1 x eye test per insured person per year	1850 000	1300 000	915 000	915 000
Frames and lenses (including contact lenses) every 2 years Dental benefits (subject to clinical funding protocols)	1650 000	1500 000	313 000	313 000
Basic dentistry Dental consultations, basic dental procedures including removal of teeth,	Paid in full	Paid in full	Paid in full	Paid in full
fillings, preventative treatment, scaling and polishing and x-rays 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.	Subject to overall limit 3 950 000	Subject to overall limit 3 000 000	Subject to overall limit 2 000 000	Subject to overall limit 2 000 000
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
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 fu	unding 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	Consultations x 12 Ultrasound scans x 3 Laboratory tests such as rhesus bloodgroup and amniocentesis (subject to pre-authorisation)	Consultations x 12 Ultrasound scans x 3 Laboratory tests such as rhesus bloodgroup and amniocentesis (subject to pre-authorisation)	Consultations x 12 Ultrasound scans x 3 Laboratory tests such as rhesus bloodgroup and amniocentesis (subject to pre-authorisation)	Consultations x 12 Ultrasound scans x 3 Laboratory tests such as rhesus bloodgroup and amniocentesis (subject to pre-authorisation)
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
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
Neonatal care – incubator, phototherapy, congenital conditions, prematurity	395 000 000	300 000 000	78 500 000	78 500 000
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
Hospital benefits (subject to pre-authorisation and clinical fun		CONDITIONS DEFINITS IIITIIL	Conditions benefits fiffile	Conditions benefits liftlic
In-hospital accommodation, specialists, theatre, ward, radiology,	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
pathology, acute dialysis and medicine costs	Standard private ward	Standard private ward	Standard private ward	Standard private ward
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
Rehabilitation, Private nursing and Hospice care	10 000 000 up to a maximum of 30 days	8 750 000 up to a maximum of 30 days	7 500 000 up to a maximum of 30 days	7 500 000 up to a maximum of 30 days
Specialised radiology - combined limit in and out of hospital	13 000 000 135 000 000 for Cochlear implants	11 000 000 110 000 000 for Cochlear implants	6 550 000 79 500 000 for Cochlear implants	6 550 000 79 500 000 for Cochlear implants
Prosthesis and devices - per prosthesis/device	20 000 000 for all other prosthesis 72 500 000 for Hearing Aids	16 500 000 for all other prosthesis 36 000 000 for Hearing Aids	12 000 000 for all other prosthesis 18 000 000 for Hearing Aids	12 000 000 for all other prosthesis 18 000 000 for Hearing Aids
External medical appliances	8 050 000 for Other appliances	3 950 000 for Other appliances	1950 000 for Other appliances	1950 000 for Other appliances
Ambulance benefits (within region of cover) Emergency in-country ambulance services	Paid in full	Paid in full	Paid in full	Paid in full
(mode determined by logistics) Non-emergency ambulance and cross-border ambulance	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
(mode to be determined by logistics, 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 cli Major diseases benefits limit	395 000 000	295 000 000	78 000 000	78 000 000
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
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
International benefits (subject to pre-authorisation and clinic	cal 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.	Subject to the overall limit and appropriate sublimits. East Africa 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: international travel/accommodation 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.	Subject to the overall limit and appropriate sublimits. Africa and India only.	х
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).	Return economy class ticket and accommodation up to a maximum of 14 days. US\$150 per day for sundry costs (max 14 days).
Repatriation of mortal remains Applicable to international emergency medical evacuations and critical care cases only	39 500 000	13 000 000	13 000 000	4 600 000
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
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)	3 000 000	3 000 000	3 000 000	3 000 000
LIBERTY WELLBEING AND DIGITAL TOOLS	Available to all beneficiaries. Access to the Liberty Access to digital tools including a unique custome	y Wellbeing online platform for self-completion of h er profile via desktop login or the Liberty Health Mo	ealth assessments and easy, 24-hour access to clinic bile App (iOS and Android).	cally approved health promotion material.

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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