

TABLE OF MAXIMUM REIMBURSABLE BENEFITS

MÁXIMUM ANNUAL RENEWABLE PER INSURED	US\$500,000.00
Coverage	Panama and International
Providers' Network:	
<ul style="list-style-type: none"> Hospitals: 	MEDIRED
<ul style="list-style-type: none"> Panama City: All those in the Network Inland and Colon: All those in the Network 	
<ul style="list-style-type: none"> Other Providers: All those in the Network 	MEDIRED
<ul style="list-style-type: none"> Outside Panama: 	BCBS – PPO's Network
Deductible per Policy-year by Insured:	
<ul style="list-style-type: none"> Panama, Central America and Colombia (PCC) 	US\$300.00
<ul style="list-style-type: none"> Other Countries 	
<ul style="list-style-type: none"> - Emergencies 	US\$1,000.00
<ul style="list-style-type: none"> - Elective and/or Scheduled 	US\$5,000.00
Stop Loss per Policy-year by Insured:	
<ul style="list-style-type: none"> Panama, Colombia and Central America 	US\$5,000.00
<ul style="list-style-type: none"> Other Countries 	US\$10,000.00

HOSPITAL ADMISSION - Pre-Authorization Required

	CO-PAYMENT PER EVENT
a. Private Room in Panama, Central America and Colombia Semi-Private Room in Other Countries	
b. Intensive or Semi-Intensive Care – Daily	San Fernando and Santa Fe: US\$250.00
c. Hospital Services (Miscellaneous charges). Tests greater than US\$200.00 - Pre-Authorization Required	Pacifica Salud: US\$300.00
d. Surgery: Medical Fees Surgical Assistant – Pre-Authorization Required	Hospital Nacional and Paitilla: US\$400.00
e. Anaesthesia: Medical Fees - Pre-Authorization Required	The Panamá Clinic: US\$500.00
f. Inpatient Medical Visits: Medical Fees	Inland and Colon Hospitals: US\$200.00
<ul style="list-style-type: none"> Treating Physician – One (1) visit a day. – In excess: Pre-Authorization Required Specialized Physician Fees – Pre-Authorization Required 	Maximum ten (10) days From the eleventh day (11), 80% will be covered (Co-insurance 20%)

OUTPATIENT SERVICES

Consultations at Satellite Clinics – General Physician	Without co-payment
Consultations at Satellite Clinics – Specialized Physician	Co-payment: US\$10.00
Outpatient Consultations – General Physician	Co-payment: US\$12.00
Outpatient Consultations – Specialized Physician	Co-payment: US\$20.00
Outpatient Consultations – Sub-Specialized Physician	Co-payment: US\$25.00
Rays-X and Laboratory – Pre-Authorization Required (Tests whose combined cost is greater than US\$100.00)	Co-payment: 25%
Special Tests – Pre-Authorization Required	Co-payment: 30%
Diagnostic tests or studies – Pre-Authorization Required	Co-payment: 30%
Special Procedures – Pre-Authorization Required	Co-payment: 30%
Prescription medications:	
<ul style="list-style-type: none"> Innovative or Commercial 	80% after the applicable deductible
<ul style="list-style-type: none"> Bioequivalent or Generic 	90% after the applicable deductible
Physical or Rehabilitation Therapies – Pre-Authorization Required	Co-payment per Session: US\$10.00
Acupuncture	Co-payment per Session: US\$15.00 Maximum per year: Five (5) Sessions Maximum for Life: Twenty (20) Sessions
Chiropractic	Co-payment per Session: US\$15.00 Maximum per year: Twenty (20) Sessions

Inhalotherapies o Nebulizations	Co-payment per Session: US\$10.00
Hemodialysis, Chemotherapies and Radiotherapies Pre-Authorization Required	Co-payment: 30%
Targeted treatment, immunotherapy, monoclonal and hormone therapy	Co-payment: 30% Maximum per Year: US\$100,000.00
Durable Medical Equipment - Pre-Authorization Required	80% after the applicable deductible Maximum for Life: US\$2,500.00

EMERGENCY ROOM

a. Accident	100% no deductible applies
b. Listed Critical Diseases (*)	100% no deductible applies
c. Non-listed Critical Diseases	Co-payment: US\$75.00

OUTPATIENT SURGERY –Pre-Authorization Required

	CO-PAYMENT PER EVENT
a. Performed in a Hospital, Clinic or Outpatient Surgery Center (Miscellaneous charges and Medical Fees) <ul style="list-style-type: none"> • Panama City: All those in the Network <ul style="list-style-type: none"> ○ San Fernando, Santa Fe and Outpatient Centers ○ Pacifica Salud ○ Hospital Nacional and Paitilla ○ The Panama Clinic • Inland and Colon: All those in the Network 	Co-payment: US\$200.00 Co-payment: US\$250.00 Co-payment: US\$350.00 Co-payment: US\$450.00 Co-payment: US\$150.00
b. Performed in a Doctor's Office (Miscellaneous Charges and Medical Fees)	Co-payment: 30%

MATERNITY - Applies to Main Insured or Spouse, single or married

Waiting Period:	12 months to become pregnant. Pregnancy will be covered if it begins on or after the first day of the 13th month
Coverage: <ul style="list-style-type: none"> • Panama, Colombia and Central America • Other Countries 	Maximum per event: US\$7,500.00 Applies co-payment according to benefit 80% after the applicable deductible
Hospital Admission: Pre-Authorization Required Includes: <ul style="list-style-type: none"> ○ Suite-type room ○ Anaesthesia (Epidural) in Normal Delivery ○ Salpingectomy Outpatient Services: <ul style="list-style-type: none"> ○ Pre-natal Consultations ○ Obstetrical Ultrasounds and Fetal Monitoring ○ 4D Ultrasounds: Pre-Authorization Required ○ Labs – Pre-Authorization required Tests whose combined cost is greater than US\$100.00 ○ Medications and Vitamins 	Co-payment as detailed in Hospital Admission Maximum per Event: US\$1,000.00 During the Event Co-payment: US\$20.00 Co-payment: 25% Co-payment: 25% Maximum per Event: Two (2) Co-payment: 25% 80% or 90% after the applicable deductible, As detailed in Prescription Medications

<p>a. Healthy Newborns or with Non-premature Medical Condition: Children born under the policy</p> <ul style="list-style-type: none"> • Expanded Neonatal Screening • Circumcision – Pre-Authorization required 	<p>100% no deductible applies Maximum per Event: US\$10,000.00 Maximum per Event: US\$200.00 During the Event</p>
<p>b. Premature Newborns – Children born under the policy</p>	<p>100% no deductible applies Maximum per Event: US\$20,000.00</p>

CONGENITAL, HEREDITARY OR ACQUIRED DISEASE

<p>Covered Medical Expenses per services and/or procedure detailed in this table, such as: Hospital Admission, Emergency Room, Outpatient Services, Outpatient Surgeries and Transplants..</p>	
<p>a. Newborn under the policy Applies from the first day of birth.</p>	<p>100% no deductible applies Maximum for Life Each Child: US\$30,000.00</p>

PREVENTIVE MEDICINE – Applies only in Panama

<p>HEALTHY CHILD:</p>	
<p>- Control Consultation:</p> <ul style="list-style-type: none"> o 0 to 12 months 8 visits per year o 13 to 24 months 4 visits per year o 3 to 6 years of age (completed) 2 visits per year <p>- Control Vaccines: BCG (Tuberculosis), DPT (Diphtheria, Pertussis, Tetanus), MMR or SPR (Measles, Rubella, Mumps), Polio (Poliomyelitis), Hepatitis A, Hepatitis B, Hibtiter (Meningitis), Varicella (Chickenpox), Pentavalent (Diphtheria, Tetanus, Pertussis, Meningitis due to Haemophilus Type B and Hepatitis B), Rotavirus and Pneumococcus.</p> <p>-HPV vaccine for boys and girls (3 applications)</p> <p>- Annual Control Tests: Hemogram, stool, urinalysis, and glucose</p>	<p>Co-payment: 50%</p> <p>Co-payment: 50%</p> <p>Co-payment: 50%</p> <p>Co-payment: 50%</p>
<p>WOMEN: Not applicable to dependent daughters</p>	
<p>- Annual control examination</p> <p>- Papanicolaou's Test</p> <p>- Annual Mammography from the age of 35 years</p> <p>- Annual Control Tests (from the age of 45 years) Hemogram, Urinalysis, Lipid Profile, Urea Nitrogen, Chest X-Rays, EKG and Physical Examination, Glycaemia</p>	<p>Co-payment: 50%</p> <p>Co-payment: 50%</p> <p>Co-payment: 50%</p> <p>100% no deductible applies Maximum per year: US\$100.00</p>
<p>MEN:</p>	
<p>- Annual Antigen Prostatic Test from the age of 35 years</p> <p>- Annual Control Examination (from the age of 45 years) Hemogram, Urinalysis, Lipid Profile, Urea Nitrogen, Chest X-Rays, EKG and Physical Examination, Glycaemia</p>	<p>Co-payment: 50%</p> <p>100% no deductible applies Maximum per year: US\$100.00</p>

ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)

<p>Covered Medical Expenses for services and/or procedures listed in this table, such as: Hospital Admission, Emergency Room and Outpatient Services.</p>	<p>100% no deductible applies Maximum per year: US\$5,000.00 Maximum for Life: US\$25,000.00</p>
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MENTAL AND NERVOUS DISORDERS – Psychiatric Treatments

Covered Medical Expenses for services and/or procedures listed in this table, such as: Hospital Admission, Emergency Room and Outpatient Services.	100% no deductible applies Maximum per year: US\$5,000.00 Maximum for Life: US\$25,000.00
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DENTAL

Covered Medical Expenses for services and/or procedures listed in this table, such as: Hospital Admission, Emergency Room, Outpatient Services and Outpatient Surgeries. It does not apply to treatments and/or procedures for control, maintenance or esthetic purposes.	100% no deductible applies Maximum per year: US\$500.00
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ORGAN AND TISSUE TRANSPLANT – Pre-Authorization Required

Waiting Period	Six (6) months from the date of inclusion of the Insured to cover expenses
Covers surgical procedures for transplantation of organs or tissues into the body of an Insured from a deceased or living donor. Includes the donor's expenses.	80% no deductible applies Maximum for Life: US\$250,000.00

PRIVATE NURSE SERVICES – Pre-Authorization Required

Duly licensed and registered graduate nurses.	100% no deductible applies Maximum for Life: 30 shifts of Eight (8) hours each
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AMBULANCE SERVICES

<ul style="list-style-type: none"> Land - Panama *Private Ambulance for Emergencies Air - Panama – Pre-Authorization Required Land or Air - International – Pre-Authorization Required 	Maximum per Event: US\$300.00 100% Membership included in Panama Maximum per Event: US\$2,500.00 80% no deductible applies Maximum per Event: US\$10,000.00
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AIR TICKET – Pre-Authorization Required

Applies to Main Insured Only for Hospitalization of an Insured and according to medical necessity.	100% no deductible applies Round Air Ticket Economic Class
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REPATRIATION EXPENSES

In the event of death of an Insured outside the Republic of Panama	100% no deductible applies Maximum per Event: US\$5,000.00
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ADDITIONAL BENEFITS – Applies to Main Insured and Dependents

<ul style="list-style-type: none"> Optical coverage – Purchase of Prescription Eyeglasses Nutritionist coverage Allergies 	100% no deductible applies Maximum per Year: US\$100.00 Maximum per Year: US\$200.00 Maximum per Year: US\$500.00
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PREMIUM PAYMENT EXEMPTION

For insured dependents, in the event of death of the Main Insured, due to a condition covered by the policy	100% of the premium Maximum Period: Three (3) months
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SERVICES OUTSIDE THE PROVIDERS' NETWORK

Applies to all benefits listed in this table and incurred in the Republic of Panama	60% Reimbursement of the costs agreed with suppliers in Panama
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MEDICAL CARE OUTSIDE PANAMA:

- Subject to Prior Authorization and Approval by the Company.
- Applies to the Insured's medical condition in elective or scheduled cases.
 - Requires the use of providers within the Blue Cross and Blue Shield System Network (PPO).
- Deductibles:
 - Panama, Central America and Colombia (PCC): The deductible amount detailed in this table applies for medical expenses incurred and covered within the territory of the Republic of Panama, Colombia and any Central American country, whether for Emergency Medical Expenses due to accident or illness, or for Elective and Scheduled cases.
 - Other Countries: The deductible amount detailed in this table applies for medical expenses incurred and covered in any country in the world except Panama, Colombia and any Central America, whether for Emergency Medical Expenses due to accident or illness, or for Elective and Scheduled treatments.
The deductible amount accumulated in Panama, Colombia and Central America does not apply to complete or accumulate the deductible amount corresponding to other countries.
- Benefits Covered:
 - Do not apply to Preventive Medicine Benefit.
 - Reimbursements of Charges for Outpatient Services apply against receipt.
 - All other benefits apply based on the conditions and limits described in this table at 80% after the applicable deductible, with the exception of the Emergency Room for Accident or Listed Critical Illness which will be covered against reimbursement at 100% without being subject to the deductible, according to the scenarios detailed below:

<ul style="list-style-type: none"> ● Pre-Authorization and Approval by the Company with BCBS Network Providers ● No Pre-Authorization or Approval by the Company ● Pre-Authorization and Approval by the Company with Providers outside the BCBS Network ● Pre-Authorization and No Approval by the Company, according to medical condition – Elective or Scheduled Treatments 	<ul style="list-style-type: none"> ● Benefit is covered at 80% and a deductible amount applies, as indicated above. ● Benefit is covered but it is reduced to 50% reimbursement and a deductible amount applies, as indicated above. ● Benefit is covered but it is reduced to 60% reimbursement and a deductible amount applies, as indicated above. ● Benefit is covered but it is reduced to 50% reimbursement for URA charges in Panama and applies a deductible amount for Panama, Central America and Colombia (PCC).
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INSURED'S MAXIMUM CONTRIBUTION (STOP LOSS)

Maximum Annual Limit of the Insured as Co-Insurance of all expenses covered under the policy, excess is reimbursed at 100%.

<p>Medical expenses penalized for lack of pre-authorization or approval by the Company; not using the providers of the BCBS Network in the required cases and/or any other case detailed in the policy, are not considered.</p>	<p style="text-align: right;">Per Policy-Year Panama, Central America and Colombia: US\$5,000.00 Other Countries: US\$10,000.00</p>
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(*) **Listed Critical Diseases:** Myocardial infarction or coronary insufficiency, states of unconsciousness or sudden obtundation and/or disorientation, acute allergic or anaphylactic reactions, hemorrhage of all types including obstetric and gynecological, convulsions, intoxications, renal colic, hepatic or vesicular colic, episodes of angina pectoris, pulmonary embolisms, acute attack of bronchial asthma, vomiting and diarrhea with or without dehydration, acute abdominal pain, shock or coma of any nature, acute retention of urine, high fever in infants and any other illness that could endanger the Insured's health, provided it is approved by the Company.



Esta información se debe tomar solo como ilustración, para los términos y condiciones contractuales refiérase al contrato póliza