

TABLE OF MAXIMUM REIMBURSABLE BENEFITS

MAXIMUM LIFETIME PER INSURED	US\$300,000.00
Coverage	Panama
Providers' Network:	MEDIRED
<ul style="list-style-type: none"> Hospitals: Panama City: All those in the Network Inland and Colon: All those in the Network Other Providers: All those in the Network 	MEDIRED
Deductible per Policy-year by Insured:	US\$300.00
Stop Loss per Policy-year by Insured	US\$4,000.00

HOSPITAL ADMISSION - Pre-Authorization Required

	CO-PAYMENT PER DAY
a. Private Room in Panama	
b. Intensive or Semi-Intensive Care – Daily	
c. Hospital Services (Miscellaneous charges). Tests greater than US\$200.00 - Pre-Authorization Required	San Fernando and Santa Fe: US\$150.00 Pacifica Salud: US\$200.00
d. Surgery: Medical Fees Surgical Assistant – Pre-Authorization Required	Hospital Nacional and Paitilla: US\$250.00 The Panamá Clinic: US\$300.00
e. Anaesthesia: Medical Fees - Pre-Authorization Required	Inland and Colon Hospitals: US\$100.00
f. Inpatient Medical Visits: Medical Fees <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%) with the exception of major medical expenses (") that will be covered at 80%, without being subject to deductible, from the first day

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 Bioequivalent or Generic 	80% after the applicable deductible 90% after the applicable deductible Maximum per Year US\$10,000.00
Physical or Rehabilitation Therapies – Pre-Authorization Required In excess: Subject to approval	Co-payment per Session: US\$10.00 Maximum per Year: Fifteen (15) Sessions
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 Lifetime: US\$60,000.00

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 Maximum per Event US\$300.00

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\$300.00 Co-payment: US\$350.00 Co-payment: US\$450.00 Co-payment: US\$150.00 With the exception of major medical expenses (") that will be covered at 80%, without being subject to deductible,
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:	Maximum per event: US\$3,500.00 Applies co-payment according to benefit 80% after the applicable deductible
Hospital Admission: Pre-Authorization Required	Co-payment as detailed in Hospital Admission
Outpatient Services: <ul style="list-style-type: none"> ○ Pre-natal Consultations ○ Obstetrical Ultrasounds ○ Labs – Pre-Authorization required Tests whose combined cost is greater than US\$100.00 ○ Medications and Vitamins 	Co-payment: US\$20.00 Maximum per Event: Eight (8) Co-payment: 25% Maximum per Event: Three (3) Co-payment: 25% 80% or 90% after the applicable deductible, As detailed in Prescription Medications
a. Healthy Newborns or with Non-premature Medical Condition: Children born under the policy	100% no deductible applies Maximum per Event: US\$5,000.00
b. Premature Newborns – Children born under the policy	100% no deductible applies Maximum per Event: US\$10,000.00



CONGENITAL, HEREDITARY OR ACQUIRED DISEASE

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

PREVENTIVE MEDICINE – Applies only in Panama

HEALTHY CHILD:	
- Control Consultation:	Co-payment: 50%
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	
- 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.	Co-payment: 50%
WOMEN: Not applicable to dependent daughters	
- Annual control examination	Co-payment: 50%
- Papanicolaou's Test	Co-payment: 50%
- Annual Mammography from the age of 35 years	Co-payment: 50%
MEN:	
- Annual Antigen Prostatic Test from the age of 35 years	Co-payment: 50%

ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)

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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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 	Maximum per Event: US\$100.00 100% Membership included in Panama Maximum per Event: US\$1,000.00
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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 EMERGENCIES OUTSIDE PANAMA

Applies to all benefits listed in this table, as established and limits described	60% Reimbursement of the costs agreed with suppliers in Panama
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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%.

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.	Per Policy-Year US\$4,000.00 :
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(*) Major Medical Expenses

Neurological and neurosurgical diseases, including strokes, cardiovascular and heart diseases, cancer and hemato- oncological conditions, major trauma (polytrauma), major ortophedic surgery and arthroscopies, kidney diseases, including cronic renal insufficiency

() 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.



**Internacional
de Seguros**

Respalda la calidad y el servicio
del seguro de salud.

MEDIRED - 07/99- Rev. 06/22
C.G. MEDIRED - 07/99- Rev. 06/22

