

**TABLE OF MAXIMUM REIMBURSABLE BENEFITS**

<b>MÁXIMUM LIFETIME PER INSURED</b>	<b>US\$100,000.00</b>
<b>Coverage</b>	<b>Panama</b>
<b>Providers' Network:</b>	<b>MEDIRED</b>
<ul style="list-style-type: none"> <li><b>Hospitals:</b> Panama City: San Fernando, Santa Fe and Pacifica Salud Inland and Colon: All those in the Network</li> <li><b>Other Providers:</b> All those in the Network</li> </ul>	<b>MEDIRED</b>
<b>Deductible per Policy-year by Insured:</b>	<b>n/a</b>
<b>Stop Loss per Policy-year by Insured</b>	<b>US\$4,000.00</b>

**HOSPITAL ADMISSION - Pre-Authorization Required**

	<b>CO-PAYMENT PER DAY</b>
a. Private Room in Panama	
b. Intensive or Semi-Intensive Care – Daily	San Fernando and Santa Fe: US\$150.00 Pacifica Salud: US\$200.00 Inland and Colon Hospitals: US\$100.00
c. Hospital Services (Miscellaneous charges). Tests greater than US\$200.00 - Pre-Authorization Required	
d. Surgery: Medical Fees	
e. Anaesthesia: Medical 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
f. Inpatient Medical Visits: Medical Fees <ul style="list-style-type: none"> <li>Treating Physician – One (1) visit a day. – In excess: Pre-Authorization Required</li> <li>Specialized Physician Fees – Pre-Authorization Required</li> </ul>	

**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: 35%
Special Tests – Pre-Authorization Required	n/a
Diagnostic tests or studies – Pre-Authorization Required	n/a
Special Procedures – Pre-Authorization Required	n/a
Prescription medications: <ul style="list-style-type: none"> <li>Innovative or Commercial</li> <li>Bioequivalent or Generic</li> </ul>	50% no deductible applies 60% no deductible applies Maximum per year US\$2,500.00:
Physical or Rehabilitation Therapies – Pre-Authorization Required In excess: Subject to approval	Co-payment per Session: US\$10.00 Maximum per year: Ten (10) Sessions
Inhalotherapies o Nebulizations	Co-payment per Session: US\$10.00 Maximum per year: Ten (10) Sessions
Hemodialysis, Chemotherapies and Radiotherapies Pre-Authorization Required	n/a
Targeted treatment, immunotherapy, monoclonal and hormone therapy	n/a

### 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"> <li>• Panama City:               <ul style="list-style-type: none"> <li>○ San Fernando, Santa Fe and Outpatient Centers</li> <li>○ Pacifica Salud</li> </ul> </li> <li>• Inland and Colon: All those in the Network</li> </ul>	Co-payment: US\$200.00 Co-payment: US\$300.00 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: 35%

### AMBULANCE SERVICES

<ul style="list-style-type: none"> <li>• Land - Panama</li> <li>*Private Ambulance for Emergencies</li> </ul>	Maximum per Event: S\$100.00 100% Membership included in Panama
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### DAILY INCOME OR RENT FOR HOSPITALIZATION

<ul style="list-style-type: none"> <li>• Applies to main insured only</li> <li>Benefit is covered as of the second day of hospitalization</li> <li>For Accident or Illness covered by the policy</li> <li>Private or public hospitals</li> </ul>	100% no deductible applies Maximum per Day US\$10.00 Maximum per year: Fifteen (15) days
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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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### 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 Orthopedic Surgery and arthroscopies, kidney diseases, including chronic 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.