



## TABLE OF BENEFITS MEDIRED 100

Lifetime Maximum	B/.100,000.00
Coverage	Local
Provider Network	Medired
Deductible per policy year	N/A

### INPATIENT EXPENSES – Pre authorization required

<p>Hospitals: Panama City: San Fernando, Santa Fe and Punta Pacifica Colon and Interior: Hospitals in Network</p> <p>a. Daily Room and Board – Private Room</p> <p>b. Intensive Care Unit</p> <p>c. Miscellaneous Hospital Charges Exams greater than B/.200.00 – Preauthorization required</p> <p>d. Surgeon Fees Assistant Surgeon – Preauthorization required</p> <p>e. Anesthesiologist Fees</p> <p>f. Inpatient Visits</p> <ul style="list-style-type: none"> <li>• Main Physician Visits - 1 visit a day. Additional visits requires preauthorization.</li> <li>• Additional Specialist Visits – Preauthorization required</li> </ul>	<p style="text-align: center;"><b>HOSPITALS IN PANAMA</b></p> <p>B/.150.00 per day copayment in San Fernando and Santa Fe. B/.200.00 per day copayment in Punta Pacifica up to 4 days.</p> <p>From the 5<sup>th</sup> to the 10<sup>th</sup> day of hospitalization will be covered at 100%.</p> <p>From the 11<sup>th</sup> day of hospitalization, eligible expenses will be covered at 80% with a coinsurance of 20%.</p> <p style="text-align: center;"><b>HOSPITALS IN THE INTERIOR AND COLON</b></p> <p>B/.100.00 per day copayment up to 4 days.</p> <p>From the 5<sup>th</sup> to the 10<sup>th</sup> day of hospitalization will be covered at 100%.</p> <p>From the 11<sup>th</sup> day of hospitalization, eligible expenses will be covered at 80% with a co-insurance of 20%</p>
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### OUTPATIENT EXPENSES

General Physician (Satellite Clinics)	100% No Copayment
General Physician in network	Copayment B/.12.00
Specialist Physician in network	Copayment B/.20.00
Sub Specialist Physician in network	Copayment B/.25.00
X Rays and Laboratory Tests - Exams with total costs greater than \$100 – Preauthorization required	Copayment 35%
Prescription Drugs	Reimbursement of 50%, No deductible
Physical Therapy and Rehabilitation Maximum per policy year	Copayment B/.10.00 10 Sessions
Inhaloteraphy and Immunizations Maximum per policy year	Copayment B/.10.00 10 Sessions
Chemotherapy, Radiation Therapy, Hemodialysis Pre authorization required	N/A
Special Exams – Preauthorization required	N/A

### EMERGENCY ROOM

a. Accident and Detailed Illness (*)	100%, No Copayment
b. No Detailed Illness	Copayment B/.75.00

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### AMBULATORY SURGERY – Pre authorization required

In Hospital Facility (Miscellaneous Charges and Physician Fees) Panama: San Fernando, Santa Fe and Ambulatory Centers Panama: Punta Pacifica Colon and Interior	Copayment B/.200.00 per event Copayment B/.300.00 per event Copayment B/.150.00 per event
In Doctor's Office (Miscellaneous Charges and Physician Fees)	Copayment 35% per event

### AMBULANCE

Ground ambulance	100% up to B/.100.00
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### DAILY INCOME DUE TO HOSPITALIZATION

Apply for an Accident or Illness Private or Public Hospitals Reimbursement from the second day of hospitalization	B/.10.00 per day Maximum 15 days in a year
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### CATASTROPHIC CONDITIONS

Disease and/or Cardiovascular Procedures Surgery for conditions Hemato Oncology any kind(Cancer) Major Orthopaedic Surgery Neurological Diseases and Neurosurgical Procedures Major Surgery for Traumas (Polytrauma including rehabilitation)	All the expenses by or associated with the procedure or treatment of this conditions, will be cover at 80%. Apply to the benefits indicated in this table.
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### OUT OF NETWORK PROVIDERS

Apply to all the benefits indicated in this table	60% refund, based on the negotiated costs with Network Providers
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#### **Detailed Illness (\*):**

Medical services in acute cases of: Infarcted myocardium or coronary insufficiency, loss of knowledge or obnubilation, sudden disorientation, acute allergic reactions or anaphylactic, hemorrhages of all type including gynecological and obstetrics, convulsions, intoxications, nephritic colic, hepatic or biliary colic, episodes of chest angina, pulmonary embolism, acute bronchial asthma attack, vomits and severe diarrheas with or without dehydration, acute abdominal pain, state of "shock" and any type of coma, acute urine retention, high fever on infants and any other diseases that endangers health of the insured, must be approved by the company

**Note:** This information is intended as a brief summary of benefits. For additional information about exclusions, limitations, and terms, please refer to your Policy Contract in Spanish.

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### LIMITATIONS

During the first year of an individual insurance for each main Insured or his/her dependents, this insurance shall not cover any treatments, consultation fees, supplies or surgeries rendered for or related to:

- Tonsils and adenoids
- Arthroscopy
- Bronchial Asthma
- Cataracts
- Circumcision
- Cholecystectomy
- Disease by sport injuries
- Peptic Ulcer Disease
- Fibromas
- Hemorrhoids
- Hernia of any type
- Renal Lithiasis
- Chronic Migraine
- Sub-mucus resection of the nasal septum, of cornets, sinusitis or rhinitis or nasal turbinated bone
- Tumors or Benign Injuries of the skin
- Uterus, ovaries and their annexes
- Varicose Veins
- Varicocelelectomy

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