

TABLE OF BENEFITS

ANNUAL RENEWABLE	B/. 500,000.00
Coverage	Local and International
Network Providers	Medired
<ul style="list-style-type: none"> • Panama <ul style="list-style-type: none"> – Hospitals: Punta Pacifica, Paitilla, Nacional, San Fernando, Santa Fe, Interior and Colón – Others: Listed in the Network Providers of the company – International 	
Deductible per policy year	BCBS – PPO
<ul style="list-style-type: none"> • Panamá, Central America and Colombia • Other Countries <ul style="list-style-type: none"> – Emergencies – Elective Cases 	B/.300.00
Stop Loss per policy year	B/.1,000.00
<ul style="list-style-type: none"> • Panama, Central America and Colombia • Other Countries 	B/.5,000.00
	B/.5,000.00
	B/.10,000.00

INPATIENT EXPENSES

	PER EVENT CO-PAYMENT
a. Daily Room and Board – Private Room	
b. Intensive Care Unit	
c. Miscellaneous Hospital Charges	
Exams greater than B/.200.00 – Preauthorization required	San Fernando y Santa Fe B/.250.00
d. Surgeon Fees	Punta Pacifica and Paitilla B/.300.00
Assistant Surgeon – Preauthorization required	Nacional B/.400.00
e. Anesthesiologist Fees	Interior y Colón B/.200.00
f. Inpatient Visits	
<ul style="list-style-type: none"> • Main Physician Visits – 1 visit a day Additional visits requires preauthorization • Additional Specialist - Preauthorization required 	Maximum ten (10) days From the 11th day of hospitalization, eligible expenses will be covered at 80% with a coinsurance of 20%

OUTPATIENT EXPENSES

Satellite Clinics – General Physician	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 B/.100.00	Copayment 25%
Preauthorization required	
Special Exams - Preauthorization required	Copayment 30%
Prescription Drugs	80% after deductible
Acupuncture – Preauthorization required	Copayment B/.15.00 by session
– Maximum per policy year	Five (5) sessions
– Lifetime Maximum	Twenty (20) sessions
Chiropractic Care – Preauthorization required	Copayment B/.15.00 by session
– Maximum per policy year	Twenty (20) sessions
Physical Therapy and Rehabilitation	No Limit. Coopayment B/.10.00 per event



TABLE OF BENEFITS

Inhaloteraphy and Immunizations	Copayment B/.10.00 per session
Chemotherapy, Radiation Therapy, Hemodialysis Ambulatory Sessions – Preauthorization required	Copayment 30% by session
Durable Medical Equipment – Preauthorization required	80% after deductible Lifetime maximum \$2,500

EMERGENCY ROOM

Panama	No Limit
Accident and Detailed Illness (*)	100%, no copayment
No Detailed Illness	Copayment B/.75.00

AMBULATORY SURGERY – Preauthorization required

a. In hospital facility, clinic or outpatient centers (Miscellaneous Charges and Physician Fees)	No Limit
– San Fernando, Santa Fe y Centros Ambulatorios	Copayment B/.200.00
– Punta Pacífica and Paitilla	Copayment B/.250.00
– Nacional	Copayment B/.350.00
– Colón and Interior	Copayment B/.150.00
b. In doctor's office (Miscellaneous Charges and Physician Fees)	Copayment 30% per event

MATERNITY

Waiting Period	12 month to get pregnant. Maternity will be covered if the pregnancy begins the first day of 13 month
Maximum per event	B/.7,500.00
Pre natal care and hospitalization	
- Pre-Natal Visits: No limit	Copayment B/.20.00
- Ultrasounds: No limit	Copayment 25%
- Ultrasounds 4D: Preauthorization required	Copayment 25%
- Laboratories	Copayment 25%
- Fetal Monitoring	Copayment 25%
- Prescribed drugs and vitamins	80% after deductible
- Hospitalization – Suite Room	Under hospitalization copayment
Includes: Anesthesia (Epidural) in normal childbirth	100%
Salpingectomy	100% up to B/.1,000.00
a. Newborn Coverage	100% up to B/.10,000.00 per event
Complete Neonatal Screening	100% up to B/.200.00
Circumcision – Preauthorization required	Under hospitalization – 100%
b. Premature Newborn	100% up to B/.20,000.00 per event

NEONATAL CONGENITAL, HEREDITARY OR ACQUIRED DISEASE

Only for children born under the policy (Applies from the first day of life)	B/.30,000.00 Lifetime Maximum per child / 100%
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ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS)

Maximum per policy year	100% up to B/.5,000.00
Lifetime Maximum	100% up to B/.25,000.00



TABLE OF BENEFITS

NERVOUS AND MENTAL DISORDERS (PSYCHIATRIC)

Maximum per policy year	80% after deductible 100% up to B/.5,000.00
Lifetime Maximum	100% up to B/.25,000.00

DENTAL COVERAGE

Maximum per policy year	100% up to B/.500.00
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ORGAN TRANSPLANT

Lifetime Maximum	80% / not subject to deductible B/.250,000.00
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NURSING CARE

Preauthorization required	100% / Maximum 30 sessions Eight (8) hours by session
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AMBULANCE

Local Ground Ambulance	100% up to B/.300.00
Air Ambulance – Preauthorization required	100% up to B/.2,500.00
International Ground or Air Ambulance – Preauthorization required	80% up to B/.10,000.00 / not subject to deductible

AERIAL PASSAGE

Principal Insured	Roundtrip / Economic Class
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PREVENTIVE CARE MEDICINE

Healthy Child Control <ul style="list-style-type: none"> Routine Consultation <ul style="list-style-type: none"> 0 to 12 months Up to 8 visits per year 13 to 24 months Up to 4 visits per year 3 to 6 years Up to 2 visits per year Vaccines BCG, Diphtheria + Tetanus, DT aP, Hepatitis A, Hepatitis B, Hib Titer, MMR, Neumococo, Polio IM, Rotavirus, Varicela HPV Vaccine for children (3 applications) Annual control tests (Hemogram, stool, urinalysis, glucose). 	Copayment 50%
WOMEN (do not apply to dependent daughters) <ul style="list-style-type: none"> Annual Control Papanicolau Annual Mammography after the age 40 Annual Control Examination after the age 45 (Blood count, urinalysis, lipid profile, urea nitrogen, chest X Ray, EKG, physical exam, blood glucose) 	Copayment 50% 100% up to B/.100.00
MEN <ul style="list-style-type: none"> PSA Test after the age 40 Annual Control Examination after the age 45 (Blood count, urinalysis, lipid profile, urea nitrogen, chest X Ray, EKG, 	Copayment 50% B/.100.00 up to 100%



TABLE OF BENEFITS

physical exam, blood glucose)	
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REPATRIATION OF REMAINS

If the insured dies outside the Republic of Panama	100% up to B/.5,000.00
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EXEMPTION FOR PAYMENT OF PREMIUMS

In case of death of the policyholder	100% of the Premium for a period of three months
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COVERAGE OUTSIDE OF PANAMA:

- Applies to all benefits indicated in this Table (with the exception of Preventive Medicine) and according to the limits indicated.
- Benefits are covered at 80% after the deductible indicated with the exception of Emergency Room for accident or detailed illness that will be covered at 100%, not subject to deductible (reimbursement).
- Outpatient expenses (reimbursement).
- Pre-authorization and approval is required, and the medical condition in elective and programmed cases.
- Required to use providers of the Blue Cross and Blue Shield (PPO) Network

Deductibles:

- Panama, Central America and Colombia: Applies for all covered medical expenses incurred in Panama, Central America and Colombia, whether for emergency or elective and programmed cases.
- Other Countries: Applies for all covered medical expenses incurred in any country, with the exception of Panama, Central America and Colombia, as detailed in this table.
 - The deductible in Panama, Central America and Colombia does not accumulate with deductible of other countries.

<ul style="list-style-type: none"> • Pre-authorization and approval of the insurance company with BCBS Network Providers • No pre-authorization or approval of the insurance company • Pre-authorization and approval of the insurance company with providers outside of BCBS Network • Pre-authorization and lack of approval of the insurance company, according to medical condition – Elective or programmed cases 	<ul style="list-style-type: none"> • Subject to deductible and benefits according Table of Benefits. • Subject to deductible and benefits reimbursed at 50% • Subject to deductible and benefits reimbursed at 60% • Subject to Panama and Central America deductible. Benefits reimbursed at 50% of the usual and reasonable charges in Panama.
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TABLE OF BENEFITS

ADDITIONAL BENEFITS:

NUTRITIONIST COVERAGE

Maximum per policy year	100% up to B/.200.00
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ALLERGIES COVERAGE

Maximum per policy year	100% up to B/.500.00
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OUT OF NETWORK PROVIDERS

Apply to all the benefits indicated in this table	60% refund, based on the negotiated costs agreed with Network Providers
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MAXIMUM PARTICIPATION (STOP LOSS)

Maximum per policy year limit, in respect of coinsurance, of all expenses covered under the policy.

Excess will be pay at 100%

Not applicable for: Lack of preauthorization or approval of the insurance company, usage of providers outside BCBS network in required cases, or any other indicated in the policy.	Per policy year Panama, Central America and Colombia B/.5,000.00 Other Countries B/.10,000.00
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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.



Underwritten and subscribed by Cia. Internacional de Seguros, S.A., Independent Licensee of Blue Cross and Blue Shield Association, authorized to operate as Blue Cross and Shield of Panamá.

Regulated and supervised by the Superintendence of Insurance and Reinsurance of Panama.