



TABLE OF BENEFITS MEDIRED INTEGRAL

Lifetime Maximum	B/.200,000.00
Coverage	Local
Provider Network	Medired
Deductible per policy year	B/.250.00
Stop Loss per policy year	B/. 4,000.00

INPATIENT EXPENSES – Pre authorization required

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

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 30%
Special Exams – Preauthorization required	Copayment 35%
Prescription Drugs	60% after deductible
Physical Therapy and Rehabilitation Maximum per policy year	Copayment B/.10.00 15 Sessions
Inhaloteraphy and Immunizations	Copayment B/.10.00
Chemotherapy, Radiation Therapy, Hemodialysis Preauthorization required	Copayment 35% by session

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

a. 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
b. In Doctor's Office (Miscellaneous Charges and Physician Fees)	Copayment 30% per event

MATERNITY (Applies to principal insured and spouse. Single or married women)

Waiting Period	18 months to get pregnant. Maternity will be covered if the pregnancy begins the first day of 18 th month.
Maximum per event	B/.3,000.00
Pre Natal Care and Hospitalization	Copayment B/.20.00
- Pre-Natal Visits: Up to 8 per event	Copayment 30%
- Ultrasounds: Up to 3 per event	Under hospitalization copayment
- Hospitalization	
Maternity coverage includes: Childbirth, abortions, complications and healthy newborn	
Premature Children	100% up to B/.5,000.00 per event

NEONATAL CONGENITAL, HEREDITARY OR ACQUIRED DISEASE

Only for children born under the policy	B/.15,000.00 Lifetime maximum 100% per child
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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/.15,000.00

AMBULANCE

Ground ambulance	100% up to B/.100.00
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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.	B/.4,000.00 per policy year
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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

