



## TABLE OF BENEFITS MEDIRED KIDS

Lifetime Maximum	B/.200,000.00
Coverage	Local
Network Providers	Medired
Deductible per policy year	B/.200.00
Stop Loss per policy year	B/.4,000.00

### IN PATIENT EXPENSES – Preauthorization required

<p>Hospitals: Panama City - San Fernando, Santa Fe, Paitilla, Punta Pacifica y Nacional Colon and Interior - Hospitals in Network</p>	<p style="text-align: center;"><b>HOSPITALS IN PANAMA:</b></p> <p>B/.200.00 per event copayment in Hospital San Fernando and Santa Fe. B/.300.00 per event copayment in Punta Pacifica y Paitilla. B/.350.00 per event copayment in Hospital Nacional. Ten (10) days maximum. From the 11<sup>th</sup> day of hospitalization, eligible expenses will be covered at 80% with a co-insurance of 20%.</p> <p style="text-align: center;"><b>HOSPITALS IN THE INTERIOR AND COLON:</b></p> <p>B/.100.00 per event copayment. Ten (10) days maximum. From the 11<sup>th</sup> 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 Assistant Surgeon – Preauthorization required	
e. Anesthesiologist Fees	
f. Inpatient Visits <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>	

### 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 \$100 - Pre authorization required	Copayment 25%
Special Exams – Preauthorization required	Copayment 30%
Prescription Drugs	80% after deductible
Physical Therapy and Rehabilitation Maximum per policy year In excess of the annual limit, pre authorization required	Copayment B/.10.00 15 sessions
Inhaloteraphy and immunizations	Copayment B/.10.00
Chemotherapy, Radiation Therapy, Hemodialysis Outpatient Sessions – Preauthorization required	Copayment 30% by session

### EMERGENCY ROOM

Accident and Detailed Illness (*)	100% No Copayment
Non Detailed Illness	Copayment B/.75.00





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### AMBULATORY SURGERY – Preauthorization required

a. In Hospital Facility (Miscellaneous Charges and Physician Fees) Panama: San Fernando, Santa Fe and Ambulatory Centers Panama: Punta Pacifica and Paitilla Panama: Hospital Nacional Colon and Interior	Copayment B/.200.00 per event Copayment B/.250.00 per event Copayment B/.350.00 per event Copayment B/.150.00 per event
b. In Doctor's Office (Miscellaneous Charges and Physician Fees)	Copayment 30% per event

### 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

### NERVOUS AND MENTAL DISORDERS (PSYCHIATRIC)

Outpatient sessions	100% up to B/.500.00 annual
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### DENTAL COVERAGE

Maximum per policy year	100% up to de B/.150.00
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### ORGAN TRANSPLANT

Lifetime Maximum	100% up to B/.100,000.00
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### NURSING CARE

Preauthorization required	100%, maximum 30 sessions 8 hours each session
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### AMBULANCE

Ground	100% up to B/.100.00
Air Local Ambulance – Pre authorization required	100% up to B/.1,000.00

### PREVENTIVE CARE MEDICINE / NETWORK PROVIDERS

<b>Healthy Child Control</b> <ul style="list-style-type: none"> <li>• Routine Consultation 2 to 6 years 4 visits per year</li> <li>• Vaccines BCG, Diphtheria + Tetanus, DTaP, Hepatitis A, Hepatitis B, Hibititer, MMR, Neumococo, Poly IM, Rotavirus, Varicella.</li> <li>▪ HPV Vaccine for children (3 applications)</li> <li>▪ Annual control tests (Hemogram, stool, urinalysis, glucose)</li> </ul>	Copayment 50%
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### EXEMPTION FOR PAYMENT OF PREMIUMS

In case of death of the policyholder	100% of the premium for a period of six (6)
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MEDIRED KIDS – 05/13, Rev. 01/16



Underwritten and Subscribed by Cía. Internacional de Seguros, S.A., Independent Licensee of blue Cross and Blue Shield Association, authorized to operate as Blue Cross and Blue Shield of Panama.



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### ADDITIONAL BENEFITS (REIMBURSEMENT)

Allergies Coverage	100% up to B/.250.00 per year
Nutritionist Coverage	100% up to B/.200.00 per year
Optical Coverage (Eyeglasses)	100% up to B/.75.00 per year
Inhalotherapy Device	100% up to B/.75.00
Orthopedic Boots (2 pairs per year)	100% up to B/.75.00

### EMERGENCY ATTENTION OUTSIDE OF PANAMA

This coverage is applied to all benefits detailed in this table, up to the limits indicated for each one.	60% refund will be based on the negotiated costs with Network Providers in Panama
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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 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 in 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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