



## TABLE OF BENEFITS MEDIRED KIDS INFINITY

<b>ANNUAL RENEWABLE</b>	<b>B/.200,000.00</b>
<b>Coverage</b>	Local, Central America and Colombia
<b>Network Providers</b>	Medired
<ul style="list-style-type: none"> <li>• Panama             <ul style="list-style-type: none"> <li>– Hospitals: San Fernando, Punta Pacifica, Paitilla, Nacional, Santa Fe, Interior and Colón</li> <li>– Others: Listed in the Network Providers of the company</li> </ul> </li> </ul>	BCBS – PPO
<b>Deductible per policy year</b>	
<ul style="list-style-type: none"> <li>• Panamá, Central America and Colombia</li> </ul>	B/.300.00
<b>Stop Loss per policy year</b>	
<ul style="list-style-type: none"> <li>• Panama, Central America and Colombia</li> </ul>	B/.5,000.00

### INPATIENT EXPENSES

a. Daily Room and Board – Private Room	
b. Intensive Care Unit	<b>PER EVENT CO-PAYMENT</b>
c. Miscellaneous Hospital Charges Exams greater than B/.200.00 – Preauthorization required	Santa Fe B/.200.00
d. Surgeon Fees Assistant Surgeon – Preauthorization required	San Fernando B/.250.00 Nacional y Paitilla B/.350.00
e. Anesthesiologist Fees	Punta Pacifica B/.400.00 Interior y Colón B/.200.00
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 - Preauthorization required</li> </ul>	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
Satellite Clinics – Specialist Physician	Copayment B/.10.00
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 Preauthorization required	Copayment 25%
Special Exams - Preauthorization required	Copayment 30%
Prescription Drugs	80% after deductible
Physical Therapy and Rehabilitation	No Limit. Copayment B/.10.00 per event
Inhaloteraphy and Immunizations	Copayment B/.10.00 per session
Chemotherapy, Radiation Therapy, Hemodialysis Ambulatory Sessions – Preauthorization required	Copayment 30% by session

### EMERGENCY ROOM

<b>Panama</b>	No Limit
Accident and Detailed Illness (*)	100%, no copayment
No Detailed Illness	Copayment B/.75.00 Up to B/.300.00 per event

### AMBULATORY SURGERY – Preauthorization required

a. In hospital facility, clinic or outpatient centers	No Limit
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(Miscellaneous Charges and Physician Fees)	
– Santa Fe y Centros Ambulatorios	Copayment B/.200.00
– San Fernando	Copayment B/.250.00
– Nacional and Paitilla	Copayment B/.350.00
– Punta Pacífica	Copayment B/.400.00
– Colón and Interior	Copayment B/.200.00
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 Maximum per policy year	Reimbursement 100% up to B/.500.00
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### DENTAL COVERAGE

Maximum per policy year	Reimbursement 100% up to B/.250.00
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### ORGAN TRANSPLANT

Lifetime Maximum	80% / not subject to deductible B/.100,000.00
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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 per event
Air Ambulance – Preauthorization required	100% up to B/.2,500.00 per event

### PREVENTIVE CARE MEDICINE / NETWORK PROVIDERS

<b>Healthy Child Control</b> <ul style="list-style-type: none"> <li>• Routine Consultation 2 to 6 years                      Up to 4 visits per year</li> <li>• Vaccines BCG, Diphtheria + Tetanus, DTaP, Hepatitis A, Hepatitis B, Hibtiter, MMR, Neumococo, Polio 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) months
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### EMERGENCY ROOM OUTSIDE OF PANAMA (except Central America and Colombia)

Applies to all benefits indicated in this Table	Benefits reimbursed at 60% of the usual and reasonable charges in Panama.
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### COVERAGE OUTSIDE OF PANAMA (Central America and Colombia)

- 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.

<ul style="list-style-type: none"> <li>• Pre-authorization and approval of the insurance company with BCBS Network Providers</li> <li>• No pre-authorization or approval of the insurance company</li> <li>• Pre-authorization and approval of the insurance company with providers outside of BCBS Network</li> <li>• Pre-authorization and lack of approval of the insurance company, according to medical condition – Elective or programmed cases</li> </ul>	<ul style="list-style-type: none"> <li>• Subject to deductible and benefits according Table of Benefits at 80%.</li> <li>• Subject to deductible and benefits reimbursed at 50%</li> <li>• Subject to deductible and benefits reimbursed at 60%</li> <li>• Subject to Panama and Central America deductible. Benefits reimbursed at 50% of the usual and reasonable charges in Panama.</li> </ul>
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### ADDITIONAL BENEFITS (REIMBURSEMENT):

Allergies Coverage Maximum per policy year	100% up to B/.500.00
Nutritionist Coverage Maximum per policy year	100% up to B/.200.00
Optical Coverage ( Eyeglasses) Maximum per policy year	100% up to B/.150.00
Inhalotherapy Device Lifetime Maximum	100% up to B/.75.00
Orthopedic Boots (2 pairs per year) Maximum per each pair	100% up to B/.75.00

### 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
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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 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.