



TABLE OF BENEFITS MEDIRED SELECTO

Lifetime Maximum	B/.150,000.00
Coverage	Local
Provider Network	Medired
Deductible per policy year	N/A
Stop Loss per policy year	N/A

INPATIENT EXPENSES – Preauthorization required

Hospitals: Panama City - San Fernando, Santa Fe and Punta Pacifica	<p style="text-align: center;">HOSPITALS IN PANAMA</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 5th to the 10th day of hospitalization will be covered at 100%.</p> <p>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>B/.100.00 per day copayment up to 4 days.</p> <p>From the 5th to the 10th day of hospitalization will be covered at 100%.</p> <p>From the 11th day of hospitalization, eligible expenses will be covered at 80% with a co-insurance of 20%.</p>
Colon and Interior - Hospitals in Network	
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
Chemotherapy, Radiation therapy, Hemodialysis Pre authorization required	Copayment 35% per session

EMERGENCY ROOM

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

AMBULATORY SURGERY – Pre authorization required

a. In Hospital Facility (Miscellaneous Charges and Physician Fees) <ul style="list-style-type: none"> • 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





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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/.2,500.00
Hospitalization	Under hospitalization copayment
Maternity coverage includes: Childbirth, abortions, complications and healthy newborn.	

AMBULANCE

Ground Ambulance	100% up to B/.100.00
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OUT OF NETWORK PROVIDERS

Apply to all the benefits indicated in this table	60% refund, based on the negotiated costs 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 o 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

MEDIRED SELECTO – 11 / 07, 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.