

TABLE OF BENEFITS

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 Colon and Interior - Hospitals in Network	<p>HOSPITALS IN PANAMA 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. From the 5th to the 10th day of hospitalization will be covered at 100%. From the 11th day of hospitalization, eligible expenses will be covered at 80% with a coinsurance of 20%.</p> <p>HOSPITALS IN THE INTERIOR AND COLON B/. 100.00 per day copayment up to 4 days. From the 5th to the 10th day of hospitalization will be covered at 100%. 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 Assistant Surgeon – Preauthorization required	
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 outpatient 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)

<p>Waiting Period</p> <p>Maximum per event</p> <p>Maternity coverage includes: Childbirth, abortions, complications and healthy newborn.</p>	<p>18 months to get pregnant. Maternity will be covered if the pregnancy begins the first day of 18th month. B/.2,500.00</p> <p>B/.100 per day copayment up to 4 days. From the 5th to the 10th day, hospitalization will be covered at 100%. From the 11th day of hospitalization eligible expenses will be covered at 80% with a coinsurance of 20%.</p>
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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: Nephritic Colic, Hepatic Colic, Episodes of chest angina, infarcted myocardium or coronary insufficiency, pulmonary embolism, acute bronchial asthma attack, loss of knowledge or obnubilation and/or sudden, acute allergic reactions or anaphylactic disorientation, hemorrhages of all type including gynecological and obstetrics, vomits and severe diarrheas with or without dehydration, acute abdominal pain, convulsions, state of "shock" and the like, acute urine retention, high fever in infants any other disease that endangers the health of the insured, provided it is approved by the insurance 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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Regulated and supervised by the Superintendence of Insurance and Reinsurance of Panama.