



**BLUE CROSS AND BLUE SHIELD OF PANAMA
TABLE OF BENEFITS - PMI DELUXE**

Maximum Lifetime	B/. 2,000,000.00
-------------------------	-------------------------

INPATIENT EXPENSES

Daily Room and Board – Private Room in Panama and Central America	90% After deductible
Semi Private Room – Other Countries	
Intensive Care Unit	
Miscellaneous Hospital Charges	
Exams greater than B/.200.00 - Preauthorization required	
Surgeon Fees	
Assistant Surgeon – Preauthorization required	
Inpatient Visits <ul style="list-style-type: none"> • Main Physician Visits - 1 visit a day. Additional visits requires preauthorization • Specialist Visits – Preauthorization required 	

OUTPATIENT EXPENSES

Doctors´ Office Visits	90% after deductible
X Rays and Laboratory Tests	90% after deductible
Special Exams – Preauthorization required	90% after deductible
Prescription Drugs	90% after deductible
Physical Therapy and Rehabilitation Maximum per policy year In exceso of the annual limit, preauthorization required	90% after deductible 20 sessions
Acupuncture Maximum per policy year Maximum lifetime	90% after deductible 5 sessions 20 sessions
Chiropractic Care Maximum per policy year	90% after deductible 20 sessions
Chemotherapy, Radiation Therapy, Hemodialysis Preauthorization required	90% after deductible
Durable Medical Equipment	90% after deductible B/.5,000.00 Maximum Lifetime

EMERGENCY ROOM

Accident	100% per event, no limit
Detailed Illness	100% per event, no limit

AMBULATORY SURGERY – Preauthorization required

Surgeon Fees	90% after deductible
Miscellaneous Hospital Charges	90% after deductible

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

In Hospital:	90% after deductible
Outpatient Expenses	90% after deductible
Waiting Period	Twelve months from the effective date of insured, to cover costs
Maximum per event <ul style="list-style-type: none"> • Panama • Other countries 	<ul style="list-style-type: none"> • No limit • B/. 10,000.00
Pre Natal Visits	Maximum eight (8). Without complications
Ultrasounds	Maximum three (3). Without complications
NEW BORN PREMATURE – Children born under the policy	100% \$50,000.00 per event



BLUE CROSS AND BLUE SHIELD OF PANAMA TABLE OF BENEFITS - PMI DELUXE

NEONATAL CONGENITAL, HEREDITARY OR ACQUIRED DISEASE

Children born under the policy	B/.50,000.00 Lifetime maximum 100% per child
--------------------------------	---

ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS)

Maximum per policy year	100% up to B/. 10,000.00
Lifetime Maximum	100% up to B/. 50,000.00

NERVOUS AND MENTAL DISORDERS (PSYCHIATRIC)

Psychiatric Treatment	90% after deductible B/.2,500.00 Per policy year B/.25,000.00 Lifetime Maximum
-----------------------	--

ANNUAL DENTAL COVERAGE

Usual and Reasonable charges (URA). Not applicable for treatment and / or control procedures, maintenance or aesthetic.	90% after deductible B/.2,000.00 per policy year
---	---

ORGAN TRANSPLANT

Covers surgical procedures for organ transplants or tissues in the body of an Insured arising from a deceased donor or alive. Included donor expenses.	100% B/.750,000.00 Maximum Lifetime
--	--

PREVENTIVE CARE MEDICINE

Healthy Child Control <ul style="list-style-type: none"> • Routine Consultation • Vaccines BCG (Tuberculosis), DPT (Diphtheria, Pertussis, Tetanus), MMR or SPR (Mézales, rubella, mumps), Poly (Poliomyelitis), Hepatitis A, Hepatitis B, Hibtitier (Meningitis), Varicella, Pentavalent Vaccine (Diphtheria, Tetanus, Pertussis, Haemophilus Type B and Hepatitis B), Rotavirus and Pneumococcus 	50% Based upon the usual, customary and reasonable (UCR) charges. Not subject to deductible
Women <ul style="list-style-type: none"> • Annual Control Examination after the age 45 (Blood count, blood glucose, lipid profile, urinalysis, chest X-ray, physical exam EKG) <ul style="list-style-type: none"> ▪ Annual Control and PAP Smear Test ▪ Annual Mammography after the age 40 	B/.150.00 per year 50% Based upon the usual, customary and reasonable (UCR) charges. Not subject to deductible 50% Based upon the usual, customary and reasonable (UCR) charges. Not subject to deductible.
Men <ul style="list-style-type: none"> ▪ Annual Control Examination after the age 45 (Blood count, blood glucose, lipid profile, urinalysis, chest X-ray, physical exam EKG) ▪ PSA test after the age 40 	B/.150.00 per year 50% Based upon the usual, customary and reasonable (UCR) charges. Not subject to deductible 50% Based upon the usual, customary and reasonable (UCR) charges. Not subject to deductible



BLUE CROSS AND BLUE SHIELD OF PANAMA TABLE OF BENEFITS - PMI DELUXE

NURSING CARE

Preauthorization required	90% after deductible
100% Maximum 30 sessions, 8 hours each session	

AMBULANCE

Ground or Air Ambulance Private Ambulance for emergencies	90% after deductible, no limit 100% Affiliation included in Panama
--	---

AERIAL PASSAGE

Only in case of medical necessity. Preauthorization required Insured and a companion	Roundtrip Economic Class
---	-----------------------------

LODGING OF A COMPANION

Only in case of medical necessity. Preauthorization required Apply for insured hospital days	B/.120.00 per day Maximum 90 days
---	--------------------------------------

REPATRIATION OF REMAINS

If and insured dies outside the Republic of Panama	100% B/.10,000.00
--	----------------------

COVERAGE OUTSIDE OF PANAMA:

- Applies to all benefits indicated in this Table (with the exception of Preventive Medicine)
- 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 and Central America: Applies for all covered medical expenses incurred in the territory of the Republic of Panama and Central American, whether for emergency or elective and programmed cases.
 - Other Countries: Applies for all covered medical expenses incurred in any country, with the exception of Panama and Central America, as detailed in this table.
 - Emergencies for Accident or Illness: Applies a deductible equal to the deductible in Panama and Central America, according to the provisions of the policy.
 - Elective and Programmed Cases. Double of the deductible of Panama and Central America, according to the provisions of the policy, with a minimum of B/.5,000.00
 - The deductible in Panama and Central America does not accumulate with deductible of other countries.

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



**BLUE CROSS AND BLUE SHIELD OF PANAMA
TABLE OF BENEFITS - PMI DELUXE**

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.	<p align="right">Panama B/.4,000.00 Outside of Panama B/.8,000 (Accumulate with Panama)</p>
---	---

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.



BLUE CROSS AND BLUE SHIELD OF PANAMA TABLE OF BENEFITS - PMI DELUXE

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:

- Arthroscopy
- Bronchial Asthma
- Cataracts, Pterigium and keratoconus
- Circumcision
- Cholecystectomy
- Disease by sport injuries
- Peptic Ulcer Disease
- Fibromas, lumps and polyps
- Hemorrhoids
- Hernia of any type
- Renal Lithiasis
- Chronic Migraine
- Sub-mucous resection of the nasal septum, of cornets, sinusitis or rhinitis
- Tonsils and adenoids
- Tumors or Benign Injuries of the skin
- Uterus, ovaries and their annexes
- Varicose Veins
- Varicocele and hydrocele