

TABLE OF BENEFITS

Maximum Lifetime	B/. 1,000,000.00
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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

Chemotherapy, Radiation Therapy, Hemodialysis Preauthorization required	90% after deductible
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EMERGENCY ROOM

Accident	100% no limit
Detailed Illness	100% no limit
No Detailed Illness	90% after deductible

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/.5,000.00
Pre Natal Visits	Maximum eight (8). Without complications
Ultrasounds	Maximum three (3). Without complications
NEW BORN PREMATURE – Children born under the policy	100% B/.30,000.00 per event

NEONATAL CONGENITAL, HEREDITARY OR ACQUIRED DISEASE

Children born under the policy	B/.30,000.00 Lifetime maximum 100% per child
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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)

Psychiatric Treatment	90% after deductible B/.1,000.00 Per policy year B/.25,000.00 Lifetime Maximum
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ANNUAL DENTAL COVERAGE

Usual and Reasonable charges (URA). Not applicable for treatment and / or control procedures, maintenance or aesthetic.	90% after deductible B/.200.00 per policy year
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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/.500,000 Maximum Lifetime
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PREVENTIVE CARE MEDICINE

Healthy Child Control <ul style="list-style-type: none"> • Routine Consultation • Vaccines <ul style="list-style-type: none"> 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 (do not apply to dependent daughters) <ul style="list-style-type: none"> ▪ Annual Control and PAP Smear Test ▪ Annual Mammography after the age 40 ▪ Annual Control Examination after the age 45 (Blood count, blood glucose, lipid profile, urinalysis, chest X-ray, physical exam EKG) 	50% Based upon the usual, customary and reasonable (UCR) charges. Not subject to deductible B/.150.00 per year
Men <ul style="list-style-type: none"> ▪ PSA test after the age 40 ▪ Annual Control Examination after the age 45 (Blood count, blood glucose, lipid profile, urinalysis, chest X-ray, physical exam EKG) 	50% Based upon the usual, customary and reasonable (UCR) charges. Not subject to deductible B/.150.00 per year

NURSING CARE

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

AMBULANCE

Ground or Air Ambulante Private Ambulance for emergencies	90% after deductible, no limit 100% Membership included in Panama
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AERIAL PASSAGE

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

REPATRIATION OF REMAINS

If and insured dies outside the Republic of Panama	100% B/.7,500.00
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COVERAGE OUTSIDE PANAMA:

- Subject to preauthorization and approval of the insurance company
- Elective and scheduled cases are subject to the medical condition of the insured with the exception of Premium Endorsed policies
- Required to use providers of the Blue Cross and Blue Shield Network

Deductibles:

- Panamá, Colombia and Central America: Applies for all medical expenses incurred and covered within the territory of the Republic of Panama, Colombia and any country of Central America, whether due to Medical Emergency for accident or illness, or for Elective and Scheduled cases
- Other Countries: Applies for all medical expenses incurred and covered in any country in the world with the exception of Panama, Colombia and Central America, as detailed below
 - Medical Emergency due to Accident and Illness: A deductible equal to the deductible of Panama, Colombia and Central America is applied, as established in the policy
 - Elective or Scheduled Treatments: A deductible equivalent to twice the deductible of Panama, Colombia and Central America is applied, as established in the policy, with a minimum of B/.5,000.00. Exception for deductibles of B/.10,000.00 and B/.20,000.00, which apply an equal deductible, without duplicating.
 - The accumulated deductible in Panama, Colombia and Central America does not apply to complete the deductible corresponding to other countries

Benefits: The conditions and limits of this table of benefits apply, as detailed:

<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.
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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.	Panama B/.4,000.00 Outside of Panama B/.8,000 (Accumulate with Panama)
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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 Cia. Internacional de Seguros, S.A., Independent Licensee of Blue Cross and Blue Shield Association, authorized to operate as Blue Cross and Shield of Panamá.

Regulated and supervised by the Superintendence of Insurance and Reinsurance of Panama.