



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

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

NURSING CARE

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

Ground or Air Ambulante Private Ambulance for emergencies	90% after deductible, no limit 100% Affiliation 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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REPATRIATION OF REMAINS

If and insured dies outside the Republic of Panama	100% B/.7,500.00
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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
 - Deducibles:
 - 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.
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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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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.



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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-mucus 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