



## BLUE CROSS AND BLUE SHIELD OF PANAMA TABLE OF BENEFITS - PMI III

|                         |                         |
|-------------------------|-------------------------|
| <b>Maximum Lifetime</b> | <b>B/. 1,000,000.00</b> |
|-------------------------|-------------------------|

### 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"> <li>• Main Physician Visits - 1 visit a day. Additional visits requires preauthorization</li> <li>• Specialist Visits – Preauthorization required</li> </ul> |                      |

### 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<br>Maximum per policy year<br>In exceso of the annual limit, preauthorization required | 90% after deductible<br>20 sessions |
| Chemotherapy, Radiation Therapy, Hemodialysis<br>Preauthorization required   | 90% after deductible                |

### 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"> <li>• Panama</li> <li>• Other countries</li> </ul> | <ul style="list-style-type: none"> <li>• No limit</li> <li>• B/.5,000.00</li> </ul> |
| Pre Natal Visits  | Maximum eight (8). Without complications  |
| Ultrasounds   | Maximum three (3). Without complications  |
| <b>NEW BORN PREMATURE</b> – Children born under the policy  | 100%<br>B/.30,000.00 per event  |

### NEONATAL CONGENITAL, HEREDITARY OR ACQUIRED DISEASE

|                                |   |
|--------------------------------|---|
| Children born under the policy | B/.30,000.00 Lifetime maximum<br>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 |



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### NERVOUS AND MENTAL DISORDERS (PSYCHIATRIC)

|                       |  |
|-----------------------|--|
| Psychiatric Treatment | 90% after deductible<br>B/.1,000.00 Per policy year<br>B/.25,000.00 Lifetime Maximum |
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### ANNUAL DENTAL COVERAGE

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|---|---|
| Usual and Reasonable charges (URA). Not applicable for treatment and / or control procedures, maintenance or aesthetic. | 90% after deductible<br>B/.200.00 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%<br>B/.500,000 Maximum Lifetime |
|--|-------------------------------------|

### PREVENTIVE CARE MEDICINE

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

### NURSING CARE

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

### AMBULANCE

|  |   |
|--|---|
| Ground or Air Ambulante<br>Private Ambulance for emergencies | 90% after deductible, no limit<br>100% Affiliation included in Panama |
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### AERIAL PASSAGE

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



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### LODGING OF A COMPANION

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

### REPATRIATION OF REMAINS

|  |                     |
|--|---------------------|
| If and insured dies outside the Republic of Panama | 100%<br>B/.7,500.00 |
|--|---------------------|

### LIFE INSURANCE

|  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• Principal insured</li> <li>• Spouse or Husband</li> <li>• Each son or daughter</li> </ul> | <ul style="list-style-type: none"> <li>B/.50,000.00</li> <li>B/.25,000.00</li> <li>B/.10,000.00</li> </ul> |
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### DAILY INCOME DUE TO HOSPITALIZATION

|   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• From the second day of hospitalization</li> <li>• Maximum per day</li> <li>• Maximum lifetime</li> </ul> | <ul style="list-style-type: none"> <li>B/.100.00</li> <li>B/.36,500.00</li> </ul> |
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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"> <li>• Pre-authorization and approval of the insurance company with BCBS Network Providers</li> <li>• No pre-authorization or approval of the insurance company</li> <li>• Pre-authorization and approval of the insurance company with providers outside of BCBS Network</li> <li>• Pre-authorization and lack of approval of the insurance company, according to medical condition – Elective or programmed cases</li> </ul> | <ul style="list-style-type: none"> <li>• Subject to deductible and benefits according Table of Benefits.</li> <li>• Subject to deductible and benefits reimbursed at 50%</li> <li>• Subject to deductible and benefits reimbursed at 60%</li> <li>• Subject to Panama and Central America deductible. Benefits reimbursed at 50% of the usual and reasonable charges in Panama.</li> </ul> |
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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<br>Outside of Panama B/.8,000<br>(Accumulate with Panama) |
|---|--|

### **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.



## **BLUE CROSS AND BLUE SHIELD OF PANAMA TABLE OF BENEFITS - PMI III**

### **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