



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

<b>ANNUAL RENEWABLE</b>	<b>B/. 2,000,000.00</b>
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### INPATIENT EXPENSES

Daily Room and Board – Private Room in Panama and Central America	<b>Panama and Central America</b> Not subject to deductible	
Semi Private Room – Other Countries		
Intensive Care Unit		
Miscellaneous Hospital Charges		
Exams greater than B/.200.00 - Preauthorization required		
Surgeon Fees		<b>Other Countries</b> 90% after deductible
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 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/.7,500.00 Maximum Lifetime
Exo-Prosthesis or Orthoses: Arms, hands, legs or feet artificial. Preauthorization	100% B/.25,000.00 per policy year B/.100,000.00 Maximum Lifetime

### EMERGENCY ROOM

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

### AMBULATORY SURGERY – Preauthorization required

Surgeon Fees	90% Not subject to deductible
Miscellaneous Hospital Charges	90% Not subject to deductible

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

In Hospital: Suite Room Included	90% Not subject to 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>• No limit</li> <li>• B/. 10,000.00</li> </ul>
<ul style="list-style-type: none"> <li>• Panama</li> <li>• Other countries</li> </ul>	
Pre Natal Visits	Maximum eight (8). Without complications
Ultrasounds	Maximum three (3). Without complications
Stem Cells Storage	50% After deductible B/.1,500.00 per event



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<b>NEW BORN PREMATURE</b> – Children born under the policy	100% B/.50,000.00 per event
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### NEONATAL CONGENITAL, HEREDITARY OR ACQUIRED DISEASE

Children born under the policy	B/.100,000.00 Lifetime maximum 100% per child
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### 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/.5,000.00 Per policy year B/.50,000.00 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/.5,000.00 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/.750,000.00 per policy year B/.1,000,000 Maximum Lifetime
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### 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 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.
<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 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



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### 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
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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/.10,000.00
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### EXEMPTION FOR PAYMENT OF PREMIUMS

For insured dependents in case of death of the policyholder, by condition covered by the policy	100% of the Premium for a period of twelve months
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### LIFE INSURANCE

Principal insured only	100% B/.10,000.00
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### DAILY INCOME DUE TO HOSPITALIZATION

Principal insured only	B/.100.00 B/.10,000.00
• From the second day of hospitalization	
• Maximum per day	
• Maximum lifetime	

### 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.



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<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 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



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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