

TABLE OF BENEFITS

MAXIMUM LIFETIME PER PERSON INSURED	B/. 100,000.00
Coverage:	Local
Network Providers:	MEDIRED
<ul style="list-style-type: none"> • Hospitals: <ul style="list-style-type: none"> Panama: San Fernando, Santa Fe and Hospital Nacional Interior and Colon: Hospitals in network • Other Providers: Listed in the network providers 	
Deductible per Policy Year:	N/A
Stop Loss per Policy Year:	N/A

INPATIENT EXPENSES – Preauthorization required

a. Daily Room and Board - Private Room	<p style="text-align: center;">HOSPITALS IN PANAMA COPAYMENT PER DAY:</p> <p>San Fernando and Santa Fe B/.150.00 Hospital Nacional B/.200.00 Up to 4 days. From the 5th day of hospitalization and Catastrophic Conditions will be covered 80% (coinsurance 20%).</p> <p style="text-align: center;">HOSPITALS IN INTERIOR AND COLON COPAYMENT PER DAY:</p> <p>B/.100.00 Up to 4 days. From the 5th day of hospitalization and Catastrophic Conditions will be covered 80% (coinsurance 20%).</p>
b. Intensive Care Unit	
c. Hospital Charges (Miscellaneous) Exams greater than B/.200.00 - Preauthorization required	
d. Surgery: Surgeon Fees	
e. Anesthesia: Anesthesiologist Fees	
f. Inpatient Visits: Medical Fees <ul style="list-style-type: none"> o Main Physician Visits – 1 visit a day Additional visits requires preauthorization o Additional Specialist - Preauthorization required 	

OUTPATIENT EXPENSES

Satelite Clinics – General Physician	100% No Copayment
Satelite Clinics – Specialist Physician	Copayment B/.10.00
External Consultation - General Physician in network	Copayment B/.12.00
External Consultation - Specialist Physician in network	Copayment B/.20.00
External Consultation - Sub Specialist Physician in network	Copayment B/.25.00
X Rays and Laboratory Tests – Preauthorization required	Copayment 35%
Exams with total costs greater than B/.100.00	
Special Exams - Preauthorization required	Do not apply
Prescription Drugs: <ul style="list-style-type: none"> • Innovative or Commercial • Bioequivalent or Generic • Maximum per policy year 	Reimbursement 50% Reimbursement 60% B/.2,500.00
Physical Therapy and Rehabilitation – Preauthorization required <ul style="list-style-type: none"> • Maximum per policy year 	Copayment B/.10.00 Ten (10) sessions
Inhaloteraphy and Immunizations <ul style="list-style-type: none"> • Maximum per policy year 	Copayment B/.10.00 by session Ten (10) sessions
Chemotherapy, Radiation Therapy, Hemodialysis	N/A

EMERGENCY ROOM

a. Accident	100%, no limit
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b. Detailed Illness (*)	100%, no limit
c. No Detailed Illness	Copayment B/.75.00

AMBULATORY SURGERY— Preauthorization required

a. In hospital facility, clinic or outpatient centers (Miscellaneous Charges and Physician Fees):	
<ul style="list-style-type: none"> • Panama: San Fernando, Santa Fe and outpatient centers • Panama: Hospital Nacional • Interior and Colón: Hospitals in network 	Copayment B/.200.00 per event Copayment B/.300.00 per event Copayment B/.150.00 per event
b. In doctor's office (Miscellaneous Charges and Physician Fees)	Copayment 35% per event

AMBULANCE

a. Ground ambulance	B/.100.00 to 100%
Private ambulance for emergencies	100% / Membership included in Panama

DAILY INCOME DUE TO HOSPITALIZATION

Accidents or illnesses covered under the policy	
Private or Public Hospitals	
<ul style="list-style-type: none"> • Reimbursement from the second day of hospitalization • Maximum per policy year 	B/.10.00 per day 15 days

CATASTROPHIC CONDITIONS – Hospitalization

Condiciones:	
<ul style="list-style-type: none"> • Disease and/or Cardiovascular Procedures • Surgery for conditions Hemato Oncology any kind(Cancer) • Major Orthopaedic Surgery • Neurological Diseases and Neurosurgical Procedures • Major Surgery for Traumas (Polytrauma including rehabilitation) 	According to the benefits detailed in this table, expenses directly or indirectly related to the detailed procedures or treatments, will be covered at 80% from the first day of the incurred expense.

OUT OF NETWORK PROVIDERS

Apply to all benefits indicated in this table	60% refund, based on the negotiated costs with Network Providers
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(*) Detailed Illness:

Medical services in acute cases of: Infarcted myocardium or coronary insufficiency, loss of knowledge or obnubilation, sudden disorientation, acute allergic reactions or anaphylactic, hemorrhages of all type including gynecological and obstetrics, convulsions, intoxications, nephritic colic, hepatic or biliary colic, episodes of chest angina, pulmonary embolism, acute bronchial asthma attack, vomits and severe diarrheas with or without dehydration, acute abdominal pain, state of "shock" and any type of coma, acute urine retention, high fever on infants and any other diseases that endangers health of the insured, must be approved by the company

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.



Suscrito y Administrado por Cía. Internacional de Seguros,
Licenciatario Independiente de Blue Cross and Blue Shield Association,
autorizado para operar como Blue Cross and Blue Shield of Panama

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

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