

TABLE OF BENEFITS

MAXIMUM LIFETIME PER INSURED PERSON	B/. 200,000.00
Coverage:	Local
Network Providers:	MEDIRED
<ul style="list-style-type: none"> • Hospitals: Panama: San Fernando, Santa Fe and Hospital Nacional Interior and Colon: All hospitals in network providers • Other Providers: Listed in the network providers 	
Deductible per Policy Year:	B/.250.00
Stop Loss per Policy Year:	B/.4,000.00

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</p> <p>Up to 4 days. From the 5th to the 10th day will be covered at 100%. From the 11th day, will be covered at 80%, coinsurance 20%.</p> <p style="text-align: center;">HOSPITALS IN INTERIOR AND COLON COPAYMENT PER DAY:</p> <p style="text-align: right;">B/.100.00</p> <p>Up to 4 days. From the 5th to the 10th day will be covered at 100%. From the 11th day, will be covered at 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 30%
Exams with total costs greater than B/.100.00	
Special Exams - Preauthorization required	Copayment 35%
Prescription Drugs: <ul style="list-style-type: none"> • Innovative or Commercial • Bioequivalent or Generic • Maximum per policy year 	60% after deductible 70% after deductible B/.5,000.00
Physical Therapy and Rehabilitation – Preauthorization required <ul style="list-style-type: none"> • Maximum per policy year In excess of anual limit, preauthorization required 	Copayment B/.10.00 Fifteen (15) session
Inhaloteraphy and Immunizations	Copayment B/.10.00 by session
Chemotherapy, Radiation Therapy, Hemodialysis Ambulatory Sessions – Preauthorization required	Copayment 35% by session

EMERGENCY ROOM

a. Accident	100%, no limit
-------------	----------------



TABLE OF BENEFITS

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: All hospitals in network providers 	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 30% per event

MATERNITY

Waiting Period:	18 month to get pregnant. Maternity will be covered if the pregnancy begins the first day of 18 month
<ul style="list-style-type: none"> • Maximum per event Maternity coverage includes: Prenatal care, hospitalization and healthy newborn <ul style="list-style-type: none"> ○ Prenatal visits - Maximum 8 ○ Ultrasounds – Maximum 3 ○ Laboratories ○ Prescribed drugs and vitamins ○ Hospitalization – Private Room 	B/.3,000.00 per event Copayment B/.20.00 Copayment 30% Copayment 30% After deductible Reimbursement 60% or 70% Under hospitalization copayment B/.5,000.00 per event
<ul style="list-style-type: none"> • Premature Newborn 	

NEONATAL CONGENITAL HEREDITARY OR ACQUIRED DISEASE

Only for children born under the policy Applies from the first day of birth	
<ul style="list-style-type: none"> • Maximum lifetime for each child 	B/.15,000.00 to 100%

ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS)

<ul style="list-style-type: none"> • Maximum per policy year 	B/.5,000.00 to 100%
<ul style="list-style-type: none"> • Maximum lifetime 	B/.15,000.00 to 100%

AMBULANCE

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

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.	Per policy year B/.4,000.00
---	-----------------------------





TABLE OF BENEFITS

OUT OF NETWORK PROVIDERS

Apply to all benefits indicated in this table	60% refund, based on the negotiated costs with Network Providers
---	--

(*) 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.

