

### TABLE OF BENEFITS

<b>MAXIMUM LIFETIME PER INSURED PERSON</b>	<b>B/. 200,000.00</b>
<b>Coverage:</b>	<b>Local</b>
<b>Network Providers:</b>	<b>MEDIRED</b>
<ul style="list-style-type: none"> <li>• <b>Hospitals:</b> Panama: All hospitals in network providers Interior and Colon: All hospitals in network providers</li> <li>• <b>Other Providers:</b> Listed in network providers</li> </ul>	
<b>Deductible per Policy Year:</b>	<b>B/.200.00</b>
<b>Stop Loss per Policy Year:</b>	<b>B/.4,000.00</b>

#### INPATIENT EXPENSES – Preauthorization required

<ul style="list-style-type: none"> <li>a. Daily Room and Board - Private Room</li> <li>b. Intensive Care Unit</li> <li>c. Hospital Charges (Miscellaneous) Exams greater than B/.200.00 - Preauthorization required</li> <li>d. Surgery: Surgeon Fees Assistant Surgeon – Preauthorization required</li> <li>e. Anesthesia: Anesthesiologist Fees</li> <li>f. Inpatient Visits: Medical Fees <ul style="list-style-type: none"> <li>o Main Physician Visits – 1 visit a day Additional visits requires preauthorization</li> <li>o Additional Specialist - Preauthorization required</li> </ul> </li> </ul>	<p style="text-align: center;"><b>HOSPITALS IN PANAMA COPAYMENT PER EVENT:</b></p> <p>San Fernando and Santa Fe B/.200.00 Hospital Nacional and Paitilla B/.300.00 Pacífica Salud B/.350.00 Up to 10 days. From the 11<sup>th</sup> of hospitalization will be covered at 80% (coinsurance 20%)</p> <p style="text-align: center;"><b>HOSPITALS IN INTERIOR AND COLON COPAYMENT PER EVENT:</b></p> <p>B/.100.00 Up to 10 days. From the 11<sup>th</sup> of hospitalization will be covered at 80% (coinsurance 20%)</p>
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#### 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 25%
Exams with total costs greater than B/.100.00	
Special Exams - Preauthorization required	Copayment 30%
Prescription Drugs: <ul style="list-style-type: none"> <li>• Innovative or Commercial</li> <li>• Bioequivalent or Generic</li> <li>• Maximum per policy year</li> </ul>	80% after deductible 90% after deductible B/.10,000.00
Physical Therapy and Rehabilitation – Preauthorization required <ul style="list-style-type: none"> <li>• Maximum per policy year</li> <li>In excess of anual limit, preauthorization required</li> </ul>	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 30% by session

#### EMERGENCY ROOM

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



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### AMBULATORY SURGERY– Preauthorization required

a. In hospital facility, clinic or outpatient centers (Miscellaneous Charges and Physician Fees): <ul style="list-style-type: none"> <li>• Panama: San Fernando, Santa Fe and outpatient centers</li> <li>• Panama: Hospital Nacional y Paitilla</li> <li>• Panamá: Pacífica Salud</li> <li>• Interior and Colón: Listed in network providers</li> </ul>	Copayment B/.200.00 per event Copayment B/.250.00 per event Copayment B/.350.00 per event Copayment B/.150.00 per event
b. In doctor’s office (Miscellaneous Charges and Physician Fees)	Copayment 30% per event

### ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS)

<ul style="list-style-type: none"> <li>• Maximum per policy year</li> <li>• Maximum lifetime</li> </ul>	B/.5,000.00 to 100% B/.25,000.00 to 100%
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### NERVOUS AND MENTAL DISORDERS (PSYCHIATRIC)

<ul style="list-style-type: none"> <li>• Outpatient Visits</li> <li>• Maximum lifetime</li> </ul>	Reimbursement 100% B/.500.00
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### DENTAL COVERAGE

<ul style="list-style-type: none"> <li>• Maximum per policy year</li> </ul>	Reimbursement 100% B/.150.00
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### ORGAN TRANSPLANT

<ul style="list-style-type: none"> <li>• Maximum Lifetime</li> </ul>	80%, no deductible B/.100,000.00
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### NURSING CARE

Preauthorization required	100%, maximum 30 sessions 8 hours each session
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### AMBULANCE

a. Ground ambulance	B/.100.00 to 100%
b. Air ambulance – Preautorizathion required Private ambulance for emergencies	B/.1,000.00 to 100% 100% / Membership included in Panama

### PREVENTIVE CARE MEDICINE

<b>HEALTHY CHILD CONTROL</b> <ul style="list-style-type: none"> <li>• Routine Consultation                         <ul style="list-style-type: none"> <li>○ 2 to 6 months - Up to 4 visits per year</li> </ul> </li> <li>• Vaccines                         <ul style="list-style-type: none"> <li>○ HPV Vaccine for children (3 applications)</li> <li>○ BCG, Diphtheria + Tetanus, DTaP, Hepatitis A, Hepatitis B, Hibtiter, MMR, Neumococo, Poly IM, Rotavirus, Varicella</li> </ul> </li> <li>• Annual control tests                         <ul style="list-style-type: none"> <li>○ Hemogram, stool, urinalysis, glucose</li> </ul> </li> </ul>	Copayment 50%
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### EXEMPTION FOR PAYMENT OF PREMIUMS

In case of death of the policyholder	100% of the premium for six (6) months
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## TABLE OF BENEFITS

### EMERGENCY ATTENTION OUTSIDE OF PANAMA

This coverage is applied to all benefits detailed in this table, up to the limits indicated for each one.	60% refund will be based on the negotiated costs with Network Providers in Panama
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### ADDITIONAL BENEFITS (REIMBURSEMENT)

Allergies Coverage o Maximum per policy year	B/.250.00 to 100%
Nutritionist Coverage o Maximum per policy year	B/.200.00 to 100%
Optical Coverage (Eyeglasses) o Maximum per policy year	B/.75.00 to 100%
Inhalotherapy Device o Maximum Lifetime	B/.75.00 to 100%
Orthopedic Boots (2 pairs per year) o Maximum for each one	B/.75.00 to 100%

### 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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### 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
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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.

