

**TABLE OF BENEFITS**

<b>MAXIMUM ANNUAL RENEWABLE</b>	<b>B/. 300,000.00</b>
<b>Coverage:</b>	Panama, Central America and Colombia
<b>Network Providers:</b>	MEDIRED
<ul style="list-style-type: none"> <li><b>Hospitals:</b> <ul style="list-style-type: none"> <li>Panama: All hospitals in network providers</li> <li>Interior and Colon: All hospitals in network providers</li> </ul> </li> <li><b>Other Providers:</b> Listed in network providers</li> <li><b>Outside Panama:</b></li> </ul>	BCBS – PPO Network
<b>Deductible per Policy Year:</b>	
<ul style="list-style-type: none"> <li>Panama, Central America and Colombia</li> </ul>	B/.300.00
<b>Stop Loss per Policy Year:</b>	
<ul style="list-style-type: none"> <li>Panama, Central America and Colombia</li> </ul>	B/.5,000.00

**INPATIENT EXPENSES – Preauthorization required**

a. Daily Room and Board - Private Room	<p><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</p> <p>Maximum ten (10) days From the 11<sup>th</sup> day coverage will be 80% coinsurance 20%</p> <p><b>HOSPITALS IN INTERIOR AND COLON COPAYMENT PER EVENT</b></p> <p>B/.150.00 From the 11<sup>th</sup> day coverage will be 80% coinsurance 20%</p>
b. Intensive Care Unit	
c. Hospital Charges (Miscellaneous) Exams greater than B/.200.00 - Preauthorization required	
d. Surgery: Surgeon Fees Assistant Surgeon – Preauthorization required	
e. Anesthesia: Anesthesiologist Fees	
f. Inpatient Visits: Medical Fees <ul style="list-style-type: none"> <li>Main Physician Visits – 1 visit a day Additional visits requires preauthorization</li> <li>Additional Specialist - Preauthorization required</li> </ul>	

**OUTPATIENT EXPENSES**

Satellite Clinics – General Physician	100% No Copayment
Satellite 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> </ul>	80% after deductible 90% after deductible
Acupuncture <ul style="list-style-type: none"> <li>Maximum per policy year</li> <li>Maximum lifetime</li> </ul>	Copayment B/.15.00 by session Five (5) sessions Twenty (20) sessions
Chiropractic Care <ul style="list-style-type: none"> <li>Maximum per policy year</li> </ul>	Copayment B/.15.00 by session Twenty (20) sessions
Physical Therapy and Rehabilitation – Preauthorization required	Copayment B/.10.00 (no limit)
Inhaloterapy and Immunizations	Copayment B/.10.00 by session
Chemotherapy, Radiation Therapy, Hemodialysis Ambulatory Sessions – Preauthorization required	Copayment 30% by session



## TABLE OF BENEFITS

### EMERGENCY ROOM

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

### AMBULATORY SURGERY– Preauthorization required

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

### MATERNITY

<p>Waiting Period:</p> <ul style="list-style-type: none"> <li>• Maximum per event           <ul style="list-style-type: none"> <li>Prenatal care and hospitalization:               <ul style="list-style-type: none"> <li>○ Prenatal visits – No limits</li> <li>○ Ultrasounds – No limits</li> <li>○ Laboratories – Fetal monitoring</li> <li>○ Prescribed drugs and vitamins</li> <li>○ Hospitalization – Private Room                   <ul style="list-style-type: none"> <li>Includes;                       <ul style="list-style-type: none"> <li>▪ Anesthesia (Epidural) in normal childbirth</li> </ul> </li> </ul> </li> </ul> </li> <li>• Newborn Coverage               <ul style="list-style-type: none"> <li>○ Complete Neonatal Screening</li> <li>○ Circumcision – Pre authorization required</li> </ul> </li> <li>• Premature Newborn</li> </ul> </li> </ul>	<p>12 month to get pregnant. Maternity will be covered if the pregnancy begins the first day of 13 month</p> <p style="text-align: right;">B/.4,000.00 per event</p> <p style="text-align: right;">Copayment B/.20.00            Copayment 25%            Copayment 25%</p> <p style="text-align: right;">After deductible. Reimbursement 80% or 90%</p> <p style="text-align: right;">Under hospitalization copayment 100%</p> <p style="text-align: right;">B/.10,000.00 to 100%            B/.200.00 to 100%</p> <p style="text-align: right;">Under hospitalization – 100%            B/.15,000.00 to 100%</p>
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### NEONATAL CONGENITAL HEREDITARY OR ACQUIRED DISEASE

<p>Only for children born under the policy            Applies from the first day of birth</p> <ul style="list-style-type: none"> <li>• Maximum lifetime for each child</li> </ul>	<p>B/.30,000.00 to 100%</p>
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### ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS)

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

<ul style="list-style-type: none"> <li>• Maximum per policy year</li> <li>• Maximum lifetime</li> </ul>	<p>B/.5,000.00 to 100%            B/.25,000.00 to 100%</p>
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### TABLE OF BENEFITS

#### DENTAL COVERAGE

• Maximum per policy year	B/.250.00 to 100%
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#### ORGAN TRANSPLANT

• Maximum Lifetime	80%, no deductible B/.150,000.00
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#### NURSING CARE

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

a. Local: Ground ambulance	B/.300.00 to 100%
b. Local: Air ambulance – Preautorizathion required	B/.2,500.00 to 100%
Private ambulance for emergencies	100% / Membership included in Panama

#### 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 costs agreed with Network Providers in Panama
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#### PREVENTIVE CARE MEDICINE

<b>HEALTHY CHILD CONTROL</b> <ul style="list-style-type: none"> <li>• Routine Consultation           <table style="margin-left: 20px;"> <tr> <td>0 to 12 months</td> <td>Up to 8 visits per year</td> </tr> <tr> <td>13 to 24 months</td> <td>Up to 4 visits per year</td> </tr> <tr> <td>3 to 6 years</td> <td>Up to 2 visits per year</td> </tr> </table> </li> <li>• Vaccines BCG, Diphtheria + Tetanus, DTaP, Hepatitis A, Hepatitis B, Hibiter, MMR, Neumococo, Poly IM, Rotavirus, Varicella</li> <li>▪ Annual control tests (Hemogram, stool, urinalysis, glucose)</li> </ul>	0 to 12 months	Up to 8 visits per year	13 to 24 months	Up to 4 visits per year	3 to 6 years	Up to 2 visits per year	Copayment 50%
0 to 12 months	Up to 8 visits per year						
13 to 24 months	Up to 4 visits per year						
3 to 6 years	Up to 2 visits per year						
<b>WOMEN</b> (do not apply to dependent daughters) <ul style="list-style-type: none"> <li>• Annual Control Visit</li> <li>• PAP Smear Test</li> <li>• Annual Mammography after the age 40</li> </ul>	Copayment 50%						
<b>MEN</b> <ul style="list-style-type: none"> <li>• PSA test after the age 40</li> </ul>	Copayment 50%						

#### EXEMPTION FOR PAYMENT OF PREMIUMS

In case of death of the policyholder	100% of the premium for a period of three months
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## TABLE OF BENEFITS

### COVERAGE OUTSIDE OF PANAMA:

- Applies to all benefits indicated in this Table (with the exception of Preventive Medicine) and according to the limits indicated.
- Applies at 80% after the corresponding deductible, with the exception of Emergency Room by Accident or Detailed Critical Illness, that will be covered against reimbursement 100%, no deductible
- Outpatient services apply against reimbursement
- Elective cases are subject to the medical condition and pre authorization of the insurance company
- 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.
    - 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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### ADDITIONAL BENEFITS:

#### ALLERGIES COVERAGE

Maximum per policy year	B/.250.00 to 100%
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#### OUT OF NETWORK PROVIDERS

Apply to all the benefits indicated in this table	60% refund, based on the negotiated costs agreed with Network Providers
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**TABLE OF BENEFITS**

**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 Panama, Central America y Colombia B/5,000.00
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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.



Suscrito y Administrado por Cia. 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

**MEDIRED INFINITY - 04/16 - Rev. 09/19**  
**C.G. MEDIRED - 07/99 - Rev. 09/19**