

TABLE OF BENEFITS

MAXIMUM LIFETIME PER INSURED PERSON	B/. 150,000.00
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 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 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

Satellite Clinics – General Physician	100% No Copayment
Satellite Clinics – Specialist Physician	Copayment B/.10.00
Chemotherapy, Radiation Therapy, Hemodialysis Ambulatory Sessions – Preauthorization required	Copayment 35% by session

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

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 Colon: All hospitals in network 	<p>Copayment B/.200.00 per event Copayment B/.300.00 per event Copayment B/.150.00 per event</p>
b. In doctor’s office (Miscellaneous Charges and Physician Fees)	Copayment 30% per event



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MATERNITY

<p>Waiting Period:</p> <ul style="list-style-type: none"> Maximum per event <p>Maternity coverage includes: childbirth, abortions, complications and healthy newborn</p>	<p>18 month to get pregnant. Maternity will be covered if the pregnancy begins the first day of 18 month</p> <p>B/.2,500.00 per event</p>
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AMBULANCE

<p>a. Ground ambulance Private ambulance for emergencies</p>	<p>B/.100.00 to 100% 100% / Membership included in Panama</p>
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OUT OF NETWORK PROVIDERS

<p>Apply to all benefits indicated in this table</p>	<p>60% refund, based on the negotiated costs with Network Providers</p>
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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.

