

## TABLE OF BENEFITS

<b>Lifetime Maximum Coverage</b>	<b>B/. 1,000,000.00</b>
<b>Network Providers:</b> - Local	Local and International
- International	n/a
<b>Deductible per policy year per insured person</b>	<b>BCBS – Red Tradicional</b>
<b>Stop Loss per policy year per insured person</b>	<b>According to selected option</b>
- Local	n/a
- International	<b>B/.4,000.00</b>
	<b>B/.8,000.00</b>

### INPATIENT EXPENSES – Preauthorization required

a. Daily Room and Board in Panamá, Colombia and Central America Semi Private Room in other countries	90% after deductible
b. Intensive Care Unit	
c. Hospital Services (Miscellaneous Charges). Exams greater than B/.200.00 - Preauthorization required	
d. Surgery: Surgeon Fees and Assitant Surgeon – Preauthorization required	
e. Anesthesia: Medical Fees – Preauthorization required	
f. Inpatient Visits: Medical Fees <ul style="list-style-type: none"> <li>• Main Physician Visits – One (1) visit a day. Additional visits required preauthorization</li> <li>• Specialists Visits – Preauthorization required</li> </ul>	

### OUTPATIENT EXPENSES

Doctor's Office Visits	90% after deductible
X Rays and Laboratories	90% after deductible
Special Exams – Preauthorization required	90% after deductible
Prescription drugs	90% after deductible
Acupuncture Lifetime Maximum Annual Maximum	90% after deductible Five (5) sessions Twenty (20) sessions
Chiropractic Care Annual Maximum	90% after deductible Twenty (20) sessions
Physical Therapy and Rehabilitation Annual Maximum In excess of the annual limit	90% after deductible Twenty (20) sessions Preauthorization required
Chemotherapy, Radiation Therapy, Haemodialysis Ambulatory sessions – Preauthorization required	90% after deductible

### EMERGENCY ROOM

a. Accident	100% no limit
b. Detailed Illness	100% no limit
c. No Detailed Illness	80% no deductible, no limit

### AMBULATORY SURGERY – Preauthorization required

Medical Fees	90% after deductible
Miscellaneous Hospital Charges	90% after deductible

### MATERNITY

**(Applies to principal insured and spouse. Single or married women)**

Hospital: Preauthorization required	90% after deductible
Outpatient Expenses <ul style="list-style-type: none"> <li>• Prenatal Visits Maximum 8 / without complications</li> <li>• Ultrasounds Maximum 3 / without complications</li> </ul>	90% after deductible 90% after deductible
Waiting period	Twelve months to cover expenses from effective date of inclusion



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Maximum per event	<ul style="list-style-type: none"> <li>No limit</li> <li>B/. 5,000.00</li> </ul>
<ul style="list-style-type: none"> <li>Panama</li> <li>Other Countries</li> </ul>	
<b>NEW BORN PREMATURE</b> – Children born under the policy	B/.30,000.00 per event – 100%

### NEONATAL CONGENITAL, HEREDITARY OR ACQUIRED DISEASE

a. Children born under the policy	B/.30,000.00 Maximum lifetime - 100% For each child
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### ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS)

Annual Maximum	B/. 5,000.00 -100%
Lifetime Maximum	B/. 25,000.00 -100%

### NERVOUS AND MENTAL DISORDERS (PSYCHIATRIC)

Psychiatric Treatment	90% after deductible B/. 1,000.00 Annual B/.25,000.00 Lifetime Maximum
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### ANNUAL DENTAL COVERAGE

Usual and Reasonable Charges (URA). Not applicable for treatment and /or control procedures, maintenance or aesthetic.	90% after deductible B/.200.00 Annual
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### ORGAN TRANSPLANT

Covers surgical procedures by transplanting organs or tissues in the body of an insured that come from a deceased or living donor. Includes the expenses of the donor.	B/.500,000.00 Maximum lifetime - 100%
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### PREVENTIVE CARE MEDICINE: Only in Panama

<p><b>Children:</b></p> <ul style="list-style-type: none"> <li>Routine Consultation</li> <li>Control Vaccines: BCG (Tuberculosis), DPT (Diphtheria, Pertussis, Tetanus), MMR o SPR (Measles, Rubella, Mumps), Poly (Poliomielitis), Hepatitis A, Hepatitis B, Hibtitier (Meningitis), Varicella, Pentavalent (Diphtheria, Tetanus, Pertussis, Haemophilus Type B and Hepatitis B), Rotavirus and Pneumococcus</li> </ul> <p><b>Women:</b></p> <ul style="list-style-type: none"> <li>Annual control visit and Pap Smear Test</li> <li>Annual Mammography after the age 40</li> <li>Annual Control after the age 45: Blood count, blood glucose , lipid profile, urinalysis, chest X Ray, EKG and physical exam</li> </ul> <p><b>Men:</b></p> <ul style="list-style-type: none"> <li>PSA test after the age 40</li> <li>Annual Control after the age 45: Blood count, blood glucose , lipid profile, urinalysis, chest X Ray, EKG and physical exam</li> </ul>	<p>50% under UCR charges. No deductible 50% under UCR charges. No deductible</p> <p>50% under UCR charges. No deductible 50% under UCR charges. No deductible 50% under UCR charges. No deductible Annual maximum B/.150.00</p> <p>50% under UCR charges. No deductible 50% under UCR charges. No deductible Annual maximum B/.150.00</p>
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### PRIVATE NURSING SERVICES, HOMECARE, TERMINALS AND PALLIATIVE CARE

a. Nursing Care: Preauthorization required Maximum 30 sessions, 8 hours each one	90% after deductible
b. Home Care: Preauthorization required Up to 30 days	90% after deductible Maximum per day B/.300.00

### AMBULANCE

a. Ground ambulance	90% after deductible, no limit
b. Aerial ambulance	90% after deductible, no limit
Private ambulance for emergencies	100%, membership included in Panama



## TABLE OF BENEFITS

### AERIAL PASSAGE

Only in case of medical necessity Insured and a companion	Preauthorization required	Roundtrip Economic Class
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### LODGING OF A COMPANION

Only in case of medical necessity Apply for insured hospital days	Preauthorization required	B/.120.00 per day Maximum 90 days
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### REPATRIATION OF REMAINS

If insured dies outside the Republic of Panama	B/.7,500.00 -100%
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### LIFE INSURANCE

Principal insured	B/.50,000.00
Spouse or husband	B/.25,000.00
Each child	B/.10,000.00

### DAILY INCOME DUE TO HOSPITALIZATION

From the second day of hospitalization	
<ul style="list-style-type: none"> <li>Maximum per Day</li> <li>Lifetime Maximum</li> </ul>	B/.100.00 per day B/.36,500.00

### COVERAGE OUTSIDE PANAMA:

- o Subject to preauthorization and approval of the insurance company
- o Elective and scheduled cases are subject to the medical condition of the insured with the exception of Premium Endorsed policies
- o Required to use providers of the Blue Cross and Blue Shield Network

#### **Deductibles:**

- o Panamá, Colombia and Central America: Applies for all medical expenses incurred and covered within the territory of the Republic of Panama, Colombia and any country of Central America, whether due to Medical Emergency for accident or illness, or for Elective and Scheduled cases
- o Other Countries: Applies for all medical expenses incurred and covered in any country in the world with the exception of Panama, Colombia and Central America, as detailed below
  - o Medical Emergency due to Accident and Illness: A deductible equal to the deductible of Panama, Colombia and Central America is applied, as established in the policy
  - o Elective or Scheduled Treatments: A deductible equivalent to twice the deductible of Panama, Colombia and Central America is applied, as established in the policy, with a minimum of B/.5,000.00. Exception for deductibles of B/.10,000.00 and B/.20,000.00, which apply an equal deductible, without duplicating.
  - o The accumulated deductible in Panama, Colombia and Central America does not apply to complete the deductible corresponding to other countries

**Benefits:** The conditions and limits of this table of benefits apply, as detailed:

<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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**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.

