

TABLE OF BENEFITS

Annual Renewable Coverage	B/. 2,000,000.00
Network Providers: - Local	Local and International
- International	n/a
Deductible per policy year per insured person	BCBS – Red Tradicional
Stop Loss per policy year per insured person	According to selected option
	n/a

INPATIENT EXPENSES – Preauthorization required

a. Daily Room and Board in Panamá, Colombia and Central America Semi Private Room in other countries	Panama, Colombia and Central America 100% no 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		Other Countries:
e. Anesthesia: Medical Fees – Preauthorization required		100% no deductible
f. Inpatient Visits: Medical Fees <ul style="list-style-type: none"> Main Physician Visits – One (1) visit a day. Additional visits required preauthorization Specialists Visits – Preauthorization required 		

OUTPATIENT EXPENSES

Doctor's Office Visits	100% after deductible
X Rays and Laboratories	100% after deductible
Special Exams – Preauthorization required	100% after deductible
Prescription drugs	100% after deductible
Acupuncture Lifetime Maximum Annual Maximum	100% after deductible Five (5) sessions Twenty (20) sessions
Chiropractic Care Annual Maximum	100% after deductible Twenty (20) sessions
Physical Therapy and Rehabilitation Annual Maximum In excess of the annual limit	100% after deductible Twenty (20) sessions Preauthorization required
Chemotherapy, Radiation Therapy, Haemodialysis Ambulatory sessions – Preauthorization required	100% after deductible
Durable Medical Equipment Maximum Lifetime	100% after deductible B/. 10,000.00
Exo-Prosthesis or Orthoses: Arms, hands, legs or feet artificial. Preauthorization required	100% no deductible B/. 25,000.00 Annual Maximum 100% B/. 100,000.00 Lifetime Maximum 100%

EMERGENCY ROOM

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



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AMBULATORY SURGERY – Preauthorization required

Medical Fees Miscellaneous Hospital Charges	Panama, Colombia and Central America 100% no deductible Other countries: 100% no deductible
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MATERNITY

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

Hospital: Suite Room Preauthorization required	Panama, Colombia and Central America 100% no deductible Other Countries: 100% no deductible
Outpatient Expenses <ul style="list-style-type: none"> • Prenatal Visits • Ultrasounds 	100% after deductible No limit
Waiting period	Twelve months to cover expenses from effective date of inclusion
Maximum per event <ul style="list-style-type: none"> • Panama • Other Countries 	<ul style="list-style-type: none"> • No limit • B/. 10,000.00
Stem Cells Storage	50% after deductible B/. 3,000.00 per event
NEW BORN PREMATURE – Children born under the policy	B/. 100,000.00 per event – 100%

NEONATAL CONGENITAL, HEREDITARY OR ACQUIRED DISEASE

a. Children born under the policy	B/. 150,000.00 Maximum lifetime - 100% For each child
b. Children unborn under the policy Waiting period two years	100% after deductible B/. 150,000.00 Lifetime Maximum

ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS)

Annual Maximum	B/. 50,000.00 -100%
Lifetime Maximum	B/. 250,000.00 -100%

NERVOUS AND MENTAL DISORDERS (PSYCHIATRIC)

Psychiatric Treatment	100% after deductible B/. 5,000.00 Annual B/. 50,000.00 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.	100% after deductible B/. 5,000.00 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/. 1,000,000.00 Maximum lifetime - 100%
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PREVENTIVE CARE MEDICINE: Only in Panama

<p>Children:</p> <ul style="list-style-type: none"> - Routine Consultation - Control Vaccines: BCG (Tuberculosis), DPT (Diphtheria, Pertussis, Tetanus), MMR o SPR (Measles, Rubella, Mumps), Poly (Poliomielitis), Hepatitis A, Hepatitis B, Hibitier (Meningitis), Varicella, Pentavalent (Diphtheria, Tetanus, Pertussis, Haemophilus Type B and Hepatitis B), Rotavirus and Pneumococcus <p>Women:</p> <ul style="list-style-type: none"> - Annual control visit and Pap Smear Test - Annual Mammography after the age 40 - Annual Control after the age 45: Blood count, blood glucose , lipid profile, urinalysis, chest X Ray, EKG and physical exam <p>Men:</p> <ul style="list-style-type: none"> - PSA test after the age 40 - Annual Control after the age 45: Blood count, blood glucose , lipid profile, urinalysis, chest X Ray, EKG and physical exam <p>- Dental: Dental Cleaning (Prophylaxis)</p>	<p>100% under UCR charges. No deductible 100% under UCR charges. No deductible</p> <p>100% under UCR charges. No deductible 100% under UCR charges. No deductible 100% under UCR charges. No deductible Annual maximum B/.300.00</p> <p>100% under UCR charges. No deductible 100% under UCR charges. No deductible Annual maximum B/.300.00</p> <p>100% under UCR charges. No deductible Annual maximum : (1) one</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	100% after deductible
b. Home Care: Preauthorization required Up to 30 days	100% after deductible Maximum per day B/.300.00
c. Terminals and Palliative Care Preauthorization required Up to 60 days	100% after deductible Máximo per day B/.300.00

AMBULANCE

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

AERIAL PASSAGE

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

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

If insured dies outside the Republic of Panama	B/.10,000.00 -100%
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EXEMPTION FOR PAYMENT OF PREMIUMS

For insured dependents in case of death of the policyholder, by condition covered by the policy	100% of the Premium for a period of twelve months
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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



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DAILY INCOME DUE TO HOSPITALIZATION

Principal insured only. From the second day of hospitalization	
<ul style="list-style-type: none"> Maximum per day Lifetime maximum 	<p>B/.100.00 B/.10,000.00</p>

ADDITIONAL BENEFITS

Optical Coverage – Prescription eyeglasses	B/.200.00 Annual maximum 100%
Nutritionist Coverage	B/.250.00 Annual maximum 100%

COVERAGE OUTSIDE PANAMA:

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

Deductibles:

- 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
- 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
 - 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
 - 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.
 - 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"> • Pre-authorization and approval of the insurance company with BCBS Network Providers • No pre-authorization or approval of the insurance company • Pre-authorization and approval of the insurance company with providers outside of BCBS Network • Pre-authorization and lack of approval of the insurance company, according to medical condition – Elective or programmed cases 	<ul style="list-style-type: none"> • Subject to deductible and benefits according Table of Benefits. • Subject to deductible and benefits reimbursed at 50% • Subject to deductible and benefits reimbursed at 60% • Subject to Panama and Central America deductible. Benefits reimbursed at 50% of the usual and reasonable charges in Panama.
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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.
 Suscrito y Administrado por Cía. Internacional de Seguros,
 Licenciario Independiente de Blue Cross and Blue Shield Association,
 autorizado para operar como Blue Cross and Blue Shield of Panama



PMI ULTIMATE – 09/11 – Rev. 09/19
C.G. PMI – 7/96 – Rev. 09/19

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